The

CANADIAN HOSPITAL

VOLUME 14 NUMBER 7

Official Journal
CANADIAN HOSPITAL COUNCIL

JULY 1937

ASEPTIC THERMO INDICATORS

The whole success of autoclave sterilization for fabrics is based on the use of steam as the sterilizing agent. The correct correlation of steam, heat and time in the autoclave chamber is necessary for complete sterilization.

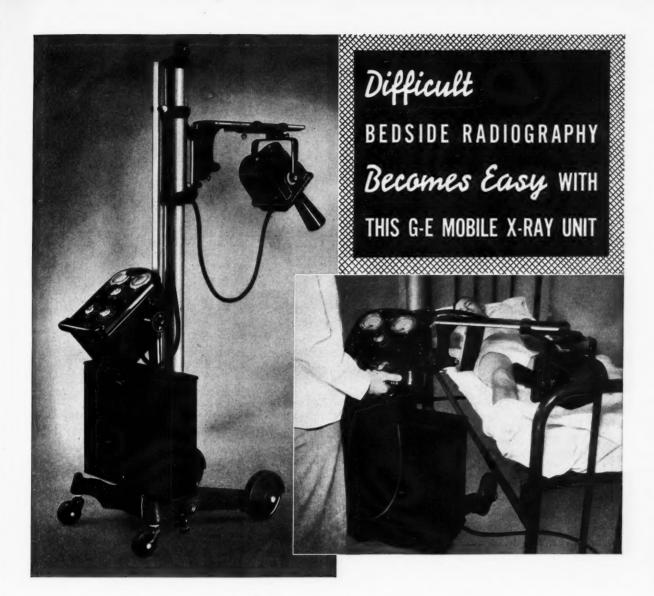
Aseptic-Thermo Indicators are the only sterilizer control manufactured which also requires the correct correlation of these three elements for reaction. You will enjoy using the handy Aseptic-Thermo Indicators which so completely and satisfactorily indicate sterilization of fabric and rubber materials. A-T-I's are the only indicators manufactured which meet the rigid specifications of quality of the United States Veterans' Administration.

BOOK OF 258 INDICATORS-\$5.50

IN QUANTITIES OF SIX BOOKS OR MORE - \$5.00

Canadian Agents:
RANDOLPH N. HINCH
86 Bloor Street West, Toronto





When the patient can't be brought to the main x-ray laboratory for radiographic examination, make the best of it—with the G-E Model "D" Shockproof Mobile Unit.

Easy to move from floor to floor, in and out of elevators, private rooms, and operating rooms, and in and around ward beds, this neat, compact unit is a mighty convenient companion on the daily round of emergency service.

Easy to use—here's flexibility that you appreciate especially in the more difficult bedside cases—in radiography of parts hard to get at, and where diagnosis is dependent on what you can show in the film. With the Model "D" you get what you are after, quickly and easily, with minimum disturbance to the patient. The fine-focus Coolidge tube (oil-immersed) accounts for the fine definition in the resulting film.

To protect the unit against damage from widely fluctuating power-line voltages, a valve-type inverse suppressor is incorporated, thus permitting use of the unit's maximum energy ratings, regardless. That practically every hospital, large or small, needs a mobile x-ray unit, is no longer questioned. If you are not yet equipped, it will pay you to investigate the G-E Model "D", the unit with an outstanding record of service and satisfaction in hundreds of hospitals.

	F8
	GENERAL 🍪 ELECTRIC
	X-RAY CORPORATION 2012 JACKSON BLVD. CHICAGO, ILL., U. S. A.
	be interested in receiving full particulars on the G-E 1 "D" Mobile X-Ray Unit.
Nan	
Hos	tal
Add	988
C:+-	State

The Canadian Hospital Council

The Federation of Hospital Associations in Canada in cooperation with the Federal and Provincial Governments and the Canadian Medical Association.

Honorary President:

HON. C. G. POWER, Minister of Pensions and National Health, Ottawa.

Honorary Vice-President:

F. W. ROUTLEY, M.D., Secretary, Red Cross Society, Toronto.

1st Vice-President:

REV. GEO. VERREAULT, O.M.I., Auditor, Ottawa General Hospital. 2nd Vice-President:

GEO. F. STEPHENS, M.D., Superintendent, Winnipeg General Hospital.

President: W. R. CHENOWETH, Superintendent, Royal Victoria Hospital, Montreal.

Secretary-Treasurer:

HARVEY AGNEW, M.D., Secretary, Department of Hospital Service, The Canadian Medical Association, 184 College St., Toronto. REV. H. G. WRIGHT, Sec. Inverness County Memorial Hospital, Inverness, N.S.

EDITORIAL BOARD

A. F. ANDERSON, M.D., Super-

intendent, Royal Alexandra Hospital, Edmonton.

LEONARD SHAW, B.Sc., Superintendent, Saskatoon City Hospital, Editor.

HARVEY AGNEW, M.D., Toronto.

- R. FRASER ARMSTRONG, B.Sc., Superintendent, Kingston General Hospital.
- A. K. HAYWOOD, M.D., Superintendent, Vancouver General Hospital.
- S. R. D. HEWITT, M.D., Superintendent Saint John General Hospital.
- J. C. MacKENZIE, M.D., Superintendent, Montreal General Hospital.
- H. A. ROWLAND, Phm B., Superintendent, Riverdale Isolation Hospital, Toronto.

REV. GEO. VERREAULT, O.M.I., Ottowa

CONTENTS

Incorporation of Canadian Hospital
Council Accompanied with Changes
in Constitution - - - - - - - - 11

The Cancer Patient in a General Hospital - - - - - - - - 14

D. V. Trueblood, M.D.

Hospitals That Go to Their Patients - 16 Rev. Alan D. Greene

Food Service - - - - - - - - - - 18 Miss Merran E. Drew, B.Sc.

Attractive New Residence for Nurses at Woodstock, Ont., General Hospital 20 Harold J. Smith

Obiter Dicta - - - - - - - - 21

Two Demonstrations by the Staff of the University of Alberta Hospital - 22

Instructive Programme at Meeting of Ontario Conference of C.H.A. - - - 24

We Would Like to Know - - - - - 26 Ontario Hospital Association News - - 28

Alberta Hospital Association News - - 30

Here and There in the Hospital Field - 32 Harvey Agnew, M.D.

PUBLICATION COMMITTEE

- A. J. SWANSON, General Superintendent, The Toronto Western Hospital, Chairman.
- J. H. W. BOWER, Superintendent, Hospital for Sick Children, Toronto.
- GEO. A. MacINTOSH, M.D., Superintendent, Victoria General Hospital, Halifax.
- JAS. H. McVETY, Treasurer, Vancouver General Hospital.
- GEO. E. ROGERS, Purchasing Agent, Winnipeg General Hospital.

Th

matically

the chan

ance is c

A. G. SMITH, Assistant Superintendent, Royal Victoria Hospital, Montreal.

CHARLES A. EDWARDS, Business Manager, 177 Jarvis St., Toronto.

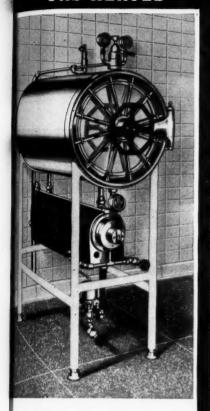
INDEX OF ADVERTISERS

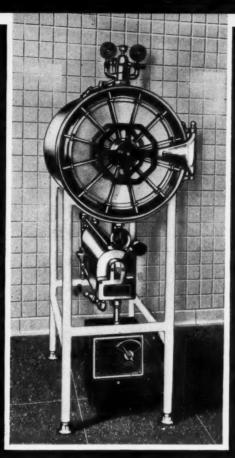
American Sterilizer Co.	5
Aseptic-Thermo-Indicator Co.	. II Cover
Ayers Limited	
Bland & Co., Limited	31
British & Colonial Trading Co., Limited	
Canadian Feather & Mattress Co., Limited	
Can. Feather & Mattress Co., of Ottawa, Limited	6
Canadian General Electric Co., Ltd.	7
Canadian Ice Machine Co., Limited	9
Canadian Industrial Alcohol Co, Limited	29
Canadian Industries, Limited	29
Canadian Laboratory Supplies, Limited	33
Cash, J. & J., Inc.	33
Central Scientific Co., of Canada, Limited	23
Corbett-Cowley, Ltd	
Dominion Oilcloth & Linoleum Co., Ltd	IV Cover
Dustbane Products, Limited	31
Eaton, T. Co. Limited	25

Geiger, J. W. Inc.	10
General Electric X-Ray Corporation	3
Gooderham & Worts, Limited	32
Hartz, J. F. Co., Limited	24
Hayhoe, R. B. & Co., Limited	32
Hospital & Medical Records Co.	8
MacLaren-Wright Limited	27
Metal Craft Co., Limited	10
Milton Sales (Canada) Limited	10
Northern Flectric' Co. Ltd.	9
Parkhill Bedding Limited	6
Standard Tube Co., Limited	8
Sterling Rubber Co. Limited	30
Stevens Companies	9
Sydenham Hospital	33
Vancouver Bedding Limited	6
Victor X-Ray Corp. of Canada, Limited	3
Wonder, A. Limited	25
Wood, G. H. & Co., Limited	27

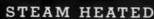
The Canadian Hospital is published monthly by The Canadian Hospital Publishing Co., 177 Jarvis Street, Toronto, Ont. Subscription Price in Canada, \$1.00 per year. Authorized by the Post Office Department as Second Class Matter.

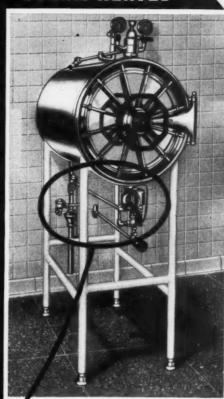
GAS HEATED



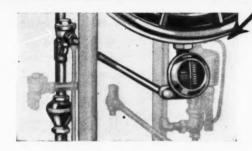


ELECTRICALLY HEATED





This thermostatic valve automatically controls air discharge from the chamber. Accuracy of performance is checked by the thermometer.



This mercury thermometer (Taylor Inst. Co., "Binoc") accurate within one degree, and that accuracy permanent - is the true gauge of sterilization. It measures temperature at the coolest place in the chamber.

This control of air discharge with "Precision" measurement of temperature has proved to be a history-making development. It completely eliminates the source of most sterilization failures.

First applied in 1933, it is now used on

thousands of sterilizers—has revolutionized the technique of surgical sterilization.

If this feature has not been applied to your sterilizers full details can be secured from our nearest district representative or from the home office at Erie, Pennsylvania.



AMERICAN STERILIZER COMPANY

Sales Offices in New York, Chicago, Boston, St. Louis Represented in Canada by Messrs. Ingram and Agencies in Principal Cities in the United States Bell, Ltd., Toronto, Montreal, Winnipeg, Calgary





HOSPITAL MATTRESS

- Provides the patient with greater comfort.
- Lightens work for the nurse.
- Makes Sterilization easy.
- Gives long, economical service.

Ask to have a Spring-Air Mattress sent to you on trial. Then you can judge if the above advantages are just as we claim. And if they are, can you afford to be without Spring-Air?

3 QUALITIES — 3 PRICE RANGES

Spring-Air Mattresses may now be had in three different qualities and price ranges, to meet the needs of any hospital requiring new spring mattress equipment for both public wards and private rooms.

Genuine Spring-Air Mattresses can only be obtained in Canada from the following manufacturers:



Easiest mattress in the world to handle.

THE CANADIAN FEATHER & MATTRESS CO., LIMITED
41 Spruce St., Toronto

THE CANADIAN FEATHER & MATTRESS CO. of OTTAWA, LTD. 692 Wellington St., Ottawa

PARKHILL BEDDING LIMITED,

Winnipeg Regina, Saskatoon, Edmonton, Calgary

VANCOUVER BEDDING LIMITED
600 West Sixth Avenue,
Vancouver

THIS NEW G-E RANGE

IS TAILORED TO YOUR INDIVIDUAL NEEDS



THE range of tomorrow is ready for you today. Custom-built to fit your needs—this new General Electric Hotpoint "Husky" is built up of interchangeable units . . . cooking top, oven, storage compartment, back shelf, etc. Each unit of the "Husky" is manufactured on a large production basis. This brings down the

cost and permits General Electric Hotpoint to offer a custom-built range at the lowest price ever known for an electric range of this quality and capacity.

HOW THIS NEW RANGE FITS YOUR NEEDS

GENERAL PURPOSE. For the smaller hospital or diet kitchen, cooking top consists of an automatic griddle 10 x 20 inches, two heavy duty Hi-Speed Calrod units for short orders and two cast-in Calrod (French Type) units for bulk cooking.

SECOND COOK'S RANGE. Cooking top consists of two heavy duty, Hi-Speed Calrod units, and four cast-in Calrod (French Type) units.

BULK COOKING ONLY. The top consists of six cast-in Calrod (French Type) units, all individually controlled.

THE FRY COOK'S RANGE. Top consists of two heavy duty Hi-Speed Calrod units and automatic ariddle 20 x 20 inches.

THIS RANGE SHOULD HEAD YOUR NEW EQUIPMENT LIST









GENERAL ELECT

COMMERCIAL COOKING EOUIPMENT

Learn how these units may be matched to fit your kitchen. Write to the C-G-E office nearest you for complete particulars.

CAN	ADIA	N	GENER	RAL	ELE	CTRIC	CO.,	LTD.
212	King	St.	West.	Tore	onto.	Ont.		

PDT-57

Please send me folder giving details describing this range.

Name

Address

GENERAL ELECTRIC CO., LIMITED

Standardized Medical Record Forms

Printed in Canada

Now Available -

Record Forms approved by the American College of Surgeons and The American Hospital Association.

The advantages of using standardized forms are recognized by leading hospital administrators, medical men, nurses and record librarians.

We can supply your requirements on short notice—and at low prices.

THE LABORATORY SERIES

is particularly popular. The Master Sheet contains from one to ten different Lab. Report Slips, each slip to be attached as required. Each slip has gummed edge, and is in a different colour—Urinalysis (canary), Blood - Morphology (pink), etc. All standard indications are printed on slips. Write for samples.

Hospital & Medical Records Co.

177 JARVIS STREET, TORONTO

STAN-STEEL

ROLL CURTAIN SYSTEMS



For the new hospital, or the modernization of existing institutions, the installation of these systems is a distinct step forward.



Standard Tube Co.

LIMITED

Woodstock

Ontario





HOSPITAL SIGNALLING SYSTEMS

Are you satisfied that your signalling system is doing its work adequately . . . dependably? For 65 years, Edwards and Company have been making low tension signalling apparatus, have equipped many of our leading hospitals.

Nurses' Call Systems, Nurses' Home Return Call Systems, Doctors' Paging or In and Out Systems . . . all are available, from Edwards and Company, distributed through any one of the 20 Northern Electric branches. May we check over your requirements?





lectric

A NATIONAL ELECTRICAL SERVICE

SAINT JOHN, N.B. QUEBEC SHERBROOKE HALIFAX MONTREAL OTTAWA

TORONTO LONDON HAMILTON WINDSOR

0

F 0

L E KIRKLAND LAKE SUDBURY

PORT ARTHUR WINNIPEG

REGINA CALGARY

EDMONTON VERNON

VANCOUVER VICTORIA

STEVENS FLEXOPLAST

(ENGLISH)

The Elastic Adhesive Bandage



TWO TYPES

VARICOSE

The perfected self adhesive

Three yards long which stretches to five or six yards.

The bandage is of unusual strength and elasticity.

ORTHOPEDIC

The original bandage for the sole use of strapping. Stretches cross wise and is of flesh colour.

UNSURPASSED FOR

Strapping — swollen joints, arches, ankles or any dislocation requiring support.

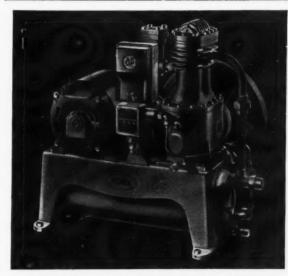
FLEXOPLAST DOES NOT CAUSE IRRITATION.

THE STEVENS COMPANIES

TORONTO

VANCOUVER

WINNIPEG LONDON, ENG.



"YORK" Freon Units are particularly suitable for any Hospital Air Conditioning.

The New Safest **Odorless**

Non-poisonous Non-inflammable

SUPPLIED AND INSTALLED BY

Refrigerant

Canadian Ice Machine Company, Limited

Montreal — Toronto — Winnipeg — Edmonton — Vancouver

AL

THE CHOICE of an Antiseptic, and its strength are extremely important matters.

Weak preparations of harsh, poisonous, and corrosive Germicides have only a very limited action; whilst powerful preparations must be used with the greatest of discretion.

Milton Antiseptic is non poisonous, yet 80 times more powerful than the old-fashioned 5% solution of Carbolic Acid, and can be used with impunity for gynecological practice, feminine hygiene, cleansing of air, linen and sick room utensils.

Notes on the Antiseptic, together with a full chemical, bacteriological, and biological report will be forwarded on application.



MILTON SALES (Canada) Limited
10-18 McCAUL STREET, TORONTO, CANADA

Wet Dressing Protection

is best served by the use of "SILKOPHANE" oiled silks. Can be washed and boiled and used over and over again. Economical and dependable. Samples and prices gladly submitted.

Quality Rubber Sheeting

Rubber sheetings that will give the Service you are entitled to expect. Graded to meet the budget of every Hospital and Institution, from the best grade of standard quality coated muslin, up to the purest silk. All destined to fulfill their full quota of service, commensurate with their price.

Write for descriptive booklets on HORCO and FIBROX—the fine quality, long life rubberized silk sheetings. Now in use in over 1,000 Hospitals and Institutions.

J. W. GEIGER & CO.
1010 ST. CATHERINE ST. EAST
MONTREAL, QUE.

Spinal Anaesthesia Tilting Stretcher

Heavy Steel Tubular Frame

> Rubber Bumpered

Detachable Litter Foot Board

and Shoulder Brace



Adjustment
Equipped with
8" Full
Ball Bearing
Casters
2 Lock
2 Swivel
Finish
Silvertone

Positive Screw

T

ar

th in ce of

th

le

m

ci

at

THE METAL CRAFT CO., LIMITED

Manufacturers of Hospital Equipment.

GRIMSBY

ESTABLISHED 1912

ONTARIO

Incorporation of Canadian Hospital Council Accompanied With Changes in Constitution

T the September Meeting of the Canadian Hospital Council in Ottawa it will be necessary to have the changes in the Constitution associated with the incorporation of the Council ratified by the Council as a whole. With these essential modifications, required by the Secretary of State, the Executive Committee and the Constitution Committee are recommending certain other minor changes. In order that all may be better acquainted with the proposed changes, the revised Constitution is here printed. The portions being revised or added are in italics; otherwise the text of the Constitution is identical with the old Constitution under which the unincorporated Canadian Hospital Council has been operating. These changes have received the approval of the Executive Committee and of the Constitution Committee.

It should be explained that the decision to incorporate was made by the Executive Committee, when the editorial direction of the "Canadian Hospital" journal was assumed. This was urged by the legal advisers in view of the possible financial and legal responsibility associated with this action. As the Secretary of State requires certain clauses and provisions not present in the old Constitution, and, as such incorporation should be completed at once and before the next meeting of the Council, the Executive Committee in 1936 decided to follow the usual and recommended procedure of having its officers apply for the incorporation of the Council as a new body, the name being transferred to the new body and the individuals named to apply for the incorporation of the new body renaming the former officers, etc., as previously, prevailed. As this was, in the legal sense, a new organization, it was quite permissible to make the necessary and desired changes in the Constitution. No changes of other than a minor nature were made, and none of these affect the objectives of the association, the basis of its organization or its method of operation.

Following the incorporation of the new Council, which was finally completed in August of 1936, the various active and associate members were asked, as a matter of legal form, to reaffirm their membership in the Council and to confirm or appoint their delegates and alternates. This was done by the various associations and governments.

The revisions in the Conscitution, as here indicated, will be submitted to the Council at the forthcoming session. The revisions include not only those associated with incorporation but certain other minor changes and clarifications recommended by the Executive Committee at its February meeting, and since endorsed by the Constitution Committee.

REVISED CONSTITUTION CANADIAN HOSPITAL COUNCIL

1936 -- 1937

I.—Name

The name of this Association shall be "THE CANA-DIAN HOSPITAL COUNCIL" hereinafter referred to as the "COUNCIL."

II.—Objects

The aims, objects and purposes of the Canadian Hospital Council shall be as follows:

- (a) To enable the hospitals in Canada to participate with still greater efficiency in a national program of health conservation;
- (b) To co-relate and co-ordinate the activities of the various hospital organizations in Canada;
- (c) To represent the hospitals of Canada in those matters of general or of national interest which concern the welfare of the hospitals or the sick public whom they serve;
- (d) To undertake the study of various hospital problems, such as organization, administration, finance, construction, medical staff, nursing and nurse education, and the relationship of the hospital and the medical and nursing professions to the public generally;
- (e) To co-operate with the governments, federal and provincial and with the municipalities and with any other body or organization in promoting public health and welfare and in furthering the purposes and objects of the Council herein set forth;
- (f) To study hospital legislation in Canada and abroad and to assist the various hospital organizations in Canada in the improvement of hospital legislation;
- (g) To undertake whatever proceedings, activity or development, would best achieve the objects herein set forth including the publication of books, magazines, pamphlets, and other types of literature, subject to the limitations defined in this Constitution;
- (h) To form the nucleus from which, at a later date should such a development be deemed advisable, may be formed a Canadian Hospital Association.

III.—Membership

(a) Charter Members

Alberta Hospital Association,

British Columbia Hospitals Association,

Canadian Tuberculosis Association (eligible upon application).

Department of Hospital Service of the Canadian Medical Association,

Hospital Association of Nova Scotia and Prince Edward Island.

Manitoba Hospital Association,

Maritime Conference of the Catholic Hospital Association.

Montreal Hospital Council,

New Brunswick Hospital Association,

Ontario Conference of the Catholic Hospital Association.

Ontario Hospital Association,

Saskatchewan Hospital Association.

(portion of former heading deleted).

- (b) Additional Active Members
 - The Prairie Provinces Conference of the Catholic Hospital Association,

Conference de la Province de Quebec de l'Association des Hopitaux Catholiques des Etats-Unis et du Canada.

- Such other hospital associations or hospital organizations which may be admitted to membership upon a two-thirds vote of the Council.
- (c) Associate Members

The Federal Department of Pensions and National Health.

The various provincial governments of Canada represented through the Department concerned with hospitals.

(slightly shortened).

(d) Any active member may be disqualified from membership in the Council by a resolution approved by two-thirds of the voting delegates or alternates present at any general meeting of the Council provided a written notice of such resolution shall have been given to the members of the Council not less than two months prior to the said meeting.

IV.—Delegates to Council

Each charter and active member (formerly "association holding membership in the Council") shall be entitled to send two official delegates and two or more alternates to the sessions of the Council. These may be appointed or elected as desired by the association concerned.

Each government or governmental department holding membership in the Council shall be entitled to send one official delegate or alternate to the sessions of the Council.

Delegates and alternates shall be accepted as such until notice of the appointment of their successors will have been received.

V.—Attendance and Balloting Privileges

Balloting privileges shall be limited to the official delegates or corresponding number of alternates of the various charter and other active members (formerly "associations") comprising the Council, and to the officers of the Council. (Omit "It is provided however"). The associate members shall not be entitled to balloting privileges.

All hospital workers may with the consent of the chairman be permitted to attend the open sessions of the Council and may on permission of the chairman participate in the discussions.

VI.—Officers of the Council

(a) The officers of the Council shall be: Honorary President Honorary Vice-President President First Vice-President Second Vice-President Secretary-Treasurer.

Se

mi

tee

(a

(b

(e

(a)

(b)

to s

tees

Cou

be o

ing

Cou

omi

thar

the

Cha

tees

Con

by t

and

be (

have

such

are

mitt

JUL

(

(b) The officers of the Council shall be elected from the official delegates and their alternates at a general meeting of the Council and shall hold office for a period of two years, the date of retirement being July 1st or until they or their successors are elected. Any delegate or alternate holding office or on the Executive Committee and not retained as an official delegate or alternate of the association represented shall continue to hold office in the Council until and including the next meeting of the Council.

VII.—Executive Committee

(a) The Executive Committee shall be composed of the following:

President Immediate Past President First Vice-President Second Vice-President Secretary-Treasurer

Two Members elected by the Council.

(b) Vacancies may be filled at any time by the remaining members of the Executive Committee. The applicants for incorporation shall have the power to appoint the first members of the Executive Committee. Election to the Executive Committee and tenure of office shall be governed by Clause VI. b.

(c) Powers of the Executive Committee

(1) The Executive Committee shall conduct the business of the Council between sessions of the Council and shall have the privilege and authority to so act for the Council; such privilege and authority shall not include amendment to the Constitution, nor a commitment of the participating associations to financial consent (formerly "responsibility or to new policies unless with their individual consent.") The Executive Committee may summon a general meeting of the Council, but whenever possible the work of the Council shall be conducted by correspondence. New studies may be initiated from time to time and the personnel of the Committees may be determined by the Executive Committee. Unless urgency demands immediate action, business of material interest or concern to the participating associations shall be referred by mail or telegraph to the Council as a whole.

The business of the Executive Committee may be conducted at any time by mail, telegraph or telephone decision or ballot.

If the Executive Committee desires the ratification by the members of the Council of any by-laws enacted, resolutions passed or business transacted by the Executive Committee, such ratification may be given by the delegates or alternates by mail or telegraph.

- (2) The books of the Council shall be audited by a qualified auditor annually, and the Executive Committee shall appoint the auditor for such purpose.
- (3) The Secretary-Treasurer shall have the custody of the Corporate Seal of the Council.

- (4) Such members of the Executive Committee or Secretary-Treasurer of the Council as the Executive Committee shall from time to time appoint in that behalf shall have the power for and on behalf of the Council and subject to the control and direction of the Executive Committee, to:
- (a) Execute and deliver all deeds, mortgages, promissory notes, discharges of mortgages, leases or other documents whatsoever;
- (b) Draw, accept or endorse bills of exchange, promissory notes, cheques, and orders for the payment of money either by way of overdraft or otherwise;
- (c) Execute all hypothecations or pledges of the real or personal property of the Council;
- (d) Assign or transfer to the Bankers of the Council or other lenders all or any bonds, stocks, warehouse receipts, contracts, bill of lading or other security;
- (e) Give security to any Bank under the provisions of the Bank Act.

VIII.—Committees

(Other than the Executive Committee)

(a) Standing Committees:

The Standing Committees which shall be as follows shall be appointed by the Executive Committee:

Accounting and Statistics

Constitution

Construction and Equipment

Legislation and Resolutions

Administration

Finance

Public Relations (Including Publicity)

Medical Relations

Research

Editorial Board

Publication Committee.

(b) Special Committees

e e e y - n e - d

n

Special Committees may be appointed from time to time to study special hospital problems, such special committees may be appointed either in a general session of the Council or by the Executive Committee.

(c) Chairman of Standing or Special Committees must be delegates or alternates to the Council from participating associations, unless otherwise determined by the Council or Executive Committee. (Second sentence omitted).

Members of Standing or Special Committees, other than the Chairmen, need not necessarily be members of the Council.

- (d) All reports of Committees must be signed by the Chairman, or Vice-Chairman, of the respective Committees and must be the majority report of the members. No Committee has any other authority than that given to it by the Council or the Executive Committee of the Council, and no report of any Standing or Special Commit ee shall be considered that of the Council until such body shall have ratified the report.
- (e) The Standing and Special Committees shall have such power and perform such duties as from time to time are determined by the Council or by the Executive Committee.

IX.-Powers of the Council

No action or decision of this Council shall interfere with the autonomy of any participating association. Recommendations of study committees affecting the policies of hospital groups shall be of an advisory nature and shall be referred to the various associations concerned, through their official delegates, for executive action, if any. No financial responsibility shall be involved by the participating associations, other than the travelling and maintenance expenses of official delegates while attending or travelling to or from Council sessions, except upon the approval of each association concerned. Only those funds which are the property of the Canadian Hospital Council may be expended by the Council or the Executive Committee.

X.—General

Every participating organization shall have the right of withdrawal from the Council upon six months' notice.

Each delegate shall report fully the activities of the Council to the officers of the Association represented. In addition the Secretary shall keep the participating organizations fully cognizant of the various activities.

XI.—Time and Place of Meeting

The time and place of general and special meetings shall be determined by the Executive Committee. Notice of meeting must be sent out two months in advance of the meeting.

XII.-Quorum

(a) Of Council:

A Quorum of the Council shall consist of one-third of the delegates to Council.

(b) Of Executive Committee:

Three shall constitute a quorum of the Executive Committee.

XIII.—Amendments to the Constitution

The Constitution may be amended provided notice of motion will have been received in writing by the Executive Secre ary six weeks before the meeting of the Council. The Secretary must furnish without delay such notice of motion to the official delegates or, if not known, to the Secretary of each participating association. No amendment shall become effective until sanctioned by a two-thirds vote of the Council present, and approved by the Secretary of State.

XIV.

The Council may adopt such by-laws as may be desired for its purposes, subject to the approval of the Secretary of State.

Bequest to Hospital

St. Andrew's Hospital in Midland has been endowed with a sum of money from the Estate of the late Christina McLeod amounting to \$15,000. The mortgage on the hospital will be paid off first, and the residue will be used to establish the McLeod Equipment Fund for the purpose of purchasing medical, surgical and obstetrical equipment for the hospital. This bequest was made possible through the administrators—Messrs. F. W. Grant and A. C. McNabb of Midland.

The Cancer Patient in a General Hospital

By D. V. TRUEBLOOD, M.D.,

Seattle, Washington

An outstanding authority

on the Cancer problem tells

the administrator the part

that the progressive hospi-

tal must take in the fight

against this scourge.

EVERYONE is familiar with the marked improvement in the management, the equipment and the records of the hospitals of Canada and the United States. This change is due in great part to the activities of the American College of Surgeons during the past twenty to twenty-five years. Necessarily, it must be

assumed that the patient admitted to such hospitals has profited by these gradual and important changes. This would be true even though the surgical profession had not raised its standards; but no one doubts that there has also been a distinct improvement in the accuracy of surgical diagnosis and the efficiency of surgical procedure. Believing, then, that the average patient admitted to one of our hospitals to-day receives better diagnosis, better surgery and better care than twenty years ago, must it then follow that the cancer patient profits in like manner?

During these past twenty years, especially the latter ten, there has been a reawakened or, rather, renewed interest in tumors, both benign and malignant. This interest has been stimulated by the addition of radium and X-ray as therapeutic agents to that of surgery for malignancy. It has been illuminated by experimental work with carcinogenic agents, whether they be coal tar derivatives or hormonal. Furthermore, the public has caught this spirit of revival through well written articles in Hygeia, other magazines and newspapers, to the degree that practically all know a good deal about cancer and methods of treatment. Nearly everyone asks the surgeon whether or not one of these two remedies for cancer, radium or X-ray, can not be used instead of surgery. Efforts to educate the public, sponsored in great measure by the late Dr. Joseph Colt Bloodgood are bearing more fruit to-day than ever before. Apparently, we are in an evolutionary period in respect to cancer, as we are in sociology and economics. This change creates to a certain degree a challenge to the surgeon, the radiologist, the pathologist and the hospital. I wonder if we are as well prepared to take care of the cancer patients as we are other types of cases. Are the improvements in hospitals and surgery mentioned above sufficient for the cancer patient?

Four Requirements

As this is a hospital conference, we need not discuss the preparation of the surgeon, but can confine our remarks to the hospital. First of all the hospital management must recognize that there will be many cancerous patients arriving who are beyond all hope of cure. These will occupy beds for a considerable period of time, creating an economic problem. Those who administer unto them must have full appreciation of the distress of these patients. Methods for relief or pain outside of narcotics, such as nerve injections, nerve operations and deep X-ray therapy should be applied.

Second, the equipment of the hospital should include those instruments of precision which allow observation of areas within the body through which instruments, biopsies can be obtained for early and accurate diagnosis. I speak of nasopharyngoscope, laryngoscope, bronchoscope, esophagoscope, cystoscope, gastroscope and proctoscope. In addition to the ordinary clinical X-ray facilities, a deep therapy X-ray apparatus, capable of delivering at least 200 K. V. (calibrated frequently) is essential. It affords re-

lief of pain in bone metastases. It may change an inoperable lesion to an operable one. It offers the only treatment for Hodgkin's disease and lymphosarcoma. Its value as a diagnostic test is well known. Its control of certain types of bleeding is very important. These and many other applications of this equipment classify it as essential.

Furthermore, a sufficient quantity of radium should be available, 100 milligrams is the least and it should be so divided into small quantities (1, 3, 5, and 10 milligrams), permitting a greater and more flexible use. An emanation plant producing radon seeds is helpful, but requires the services of a physicist. It is not essential. The large 1 or 4 gram radium pack is rarely possible and carries with it obvious responsibilities,

It goes without saying, that the radiologist in charge of deep X-ray therapy and the application of radium should be one possessing sufficient training and experience in that field.

Third, a well trained pathologist is the backbone of a modern hospital. He should be a full time man, not being forced to depend upon the rest of his income by competing with those upon whose work, in the hospital, he must report. He should be free to serve as a constant censor and critic. There should be no rise in his blood pressure when he reports that Dr. So and So removed a normal appendix, or normal uterus, even though that doctor is the head of that hospital. At staff meetings his statement of findings must not cause him fear of losing his job. Besides his other duties, upon the pathologist is placed the responsibility of making the diagnosis from a small piece of tissue taken from the surface of the body or taken through one of these precise instruments which I have mentioned, as

to whether or not the patient has cancer. He should be a well trained man, particularly in neoplastic diseases, and well paid.

The fourth and last requirement that this hospital of which we are speaking should foster is a tumor clinic; a meeting place where tumor patients are gathered to be examined by a number of men representing various specialties. At this meeting the radiologist, the pathologist and the surgeon in charge should always be present. The average surgeon sees comparatively few cancer patients in a year. At such a gathering he would see as many in a week. Seeing such a number year after year makes him cancer conscious as well as offering him tumor information. Listening to discussions offered by the various men in attendance gives him an education far beyond his time for reading. However, the first value of this clinic is to the patient, and he is the subject of this discussion. He receives through this clinic, the opinion of a number of men whose opinion becomes much more valuable as the years go by. He may feel assured, and the hospital man-

eat-

into

iese

tics.

-ray

hos-

tru-

obody sies

asoonope, adray apat frereerent is a pes apbe SO 15), tion the or h it

of uld hat

f a ing ing

re-

and

hen lix,

of

ngs

his

ısi-

sue

one

AL

agement can be convinced, that its guest, the cancer patient, is receiving by reason of the clinic the best that that hospital can offer.

The hospital management will find that this clinic is of economic value to it, because this cancer patient does not have to be sent from department to department, from busy doctor to busy doctor, coming to the hospital at his convenience, before a diagnosis is established. In addition, his treatment is definitely outlined. Delay and misunderstanding is eliminated. His progress will be followed months and years thereafter at the clinic so that if some change arises it will be discovered and cared for while it is still small, rather than by reason of neglect and delay becomes a major expense to the institution.

The cancer clinic, properly personnelled and managed, supported by the right type of hospital equipment, is our best invitation to the cancer patient.

Presented at Edmonton, Alberta, before The Hospital Conference at the time of the Sectional Meeting of The American College of Surgeons, March, 1937.

Grace Hospital, Windsor, Transforms Drab Corner Into Modern Chart-Room



The above illustration shows the transformation effected by Grace Hospital, Windsor, with a small expenditure for modern equipment. Note the built-in cabinet and recessed chart desk making for a maximum of working space and efficiency. Indirect lighting and metal chairs combine to give an air of complete modnernity.

Doctor Agnew and Father Verreault to Attend International Hospital Congress

The International Hospital Congress, which is made up of representatives of hospital associations in some twenty-two different countries, is meeting in Paris, July the 5th to the 11th, 1937. Doctor Harvey Agnew and Rev. Father Verreault, O.M.I., will attend, and will convey invitations

to the International Hospital Association to meet in Toronto in 1939, on which occasion there is a distinct probability that the American Hospital Association will again meet in Canada. Doctor Agnew, while in Paris, will give a paper on "Mental Diseases and the General Hospital." Following the meeting, he is going to London to study certain medical developments in Great Britain.

Hospitals That Go to Their Patients

By REV. ALAN D. GREENE,

Superintendent, Columbia Coast Mission, Vancouver, B.C.

ANADA offers a variety of interesting problems in the way of Hospitalization on her frontiers, and none more so than that on the Pacific Coast. This article deals solely with the story of Hospitalization on land, and hospital ships as directed by the Columbia Coast Mission since the year 1905. There are other up Coast Hospitals with a fine record, such as those of the United Church, the Roman Catholic Church, and those in the big paper mill centres, but I have been asked by the editor to tell the story of the Columbia Coast Mission medical work, as founded and directed by the Rev. John Antle until his retirement last year.

There are three small hospitals strategically situated with a view to ministering to the needs of a composite population of settlers, loggers, fishermen, miners, and in the Alert Bay area, a fairly large Indian population.

The first, St. Mary's, is at Pender Harbor, about 50 miles up the mainland shore from Vancouver. It is a 12 bed hospital, beautifully situated at the head of Pender Harbor. Dr. Ivan Martinoff is in charge and his staff consists of 2 nurses, an orderly, and cook. The hospital was built in 1930, and at that time cost approximately \$25,000. The Provincial Government, the Anglican Church, and a widely scattered group of friends of the Mission financed the venture, the site being the gift of Mr. Brynildson. It is unique in its water and electric light facilities, water rights having been secured from the Provincial Government on a small stream leading from a lake about a third of a mile back in the woods and at a fair elevation. An adequate all the year round water supply is possible for domestic use, and electric power is developed by water led through a modern pen-stock down to a generator near salt water.

Electricity is thus available for generous lighting and for small heating units and electric treatments and X-ray

work as well. Into this hospital there come patients from a wide area, including Jervis Inlet, Sechelt Inlet, the adjacent coast-line and Lasqueti Island. Some of them make their way to hospital in small gasoline launches, and in bad weather these voyages are fraught with danger and added suffering to the patient. At any hour the hospital doctor may be called down to the wharf to the little vessel where, in a small cabin he may find an injured man, or a woman in labor, lying on a bunk or home-made stretcher. Relief is often given on board the ship before the last lap in the journey ends, then willing hands bear the patient up the roadway to the hospital, and at last, after perhaps hours and hours of exhausting travel, the patient is in the care of the hospital staff. The X-ray may be called into use at once, or the patient immediately operated upon if necessary. Sometimes the doctor in this or other hospitals must undertake alone, a major operation, with the assistance of two nurses, one of whom must be the anaesthetist.

As part of the picture, the Hospital Mission Ship "John Antle" with Rev. T. A. Lane-Connold, M.D., F.R.C.S., must be included. She is a small 55-foot vessel, manned by the doctor as skipper, and an engineer and cook-deckhand. On her main deck is a small but serviceable cabin which becomes a travelling hospital with its hospital bed, examination table, and a dispensary and wireless telephone room adjoining. The ship maintains a patrol of the coast adjacent to Pender Harbor and is frequently called upon to visit the sick in communities or isolated homesteads separated by many miles of rough waters from the hospital, and requiring safe, reliable transportation with a reasonable amount of comfort from their homes to Pender. When funds allow, we will complete the installation of a radio transmitter on this vessel (a receiving set only being installed now), and put this vessel on an hourly hook-up with the Government Wireless Stations.



St. George's Hospital—largest of the group of three hospitals.



One of the hospital ships en route.



om adake bad led tor ere,

ian ief

the

the

irs

are

at

es-

ist

of

hn

ed

k-

in

d.

e-

he

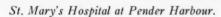
ed

e-

16

n

ly





Answering an emergency call.

The second hospital is St. Michael's, Rock Bay, where Dr. Keith Wray-Johnston is in charge with a staff of three nurses, a cook and two orderlies. It is a 22 bed hospital, and in its equipment includes a Victor X-ray portable unit. This hospital serves a large logging population, four camps in this area having put all their employees on the dollar a month system for hospitalization, other than that guaranteed by the Workmen's Compensation Act. The logging industry, regarded as a highly hazardous one, inevitably sends many accident cases to St. Michael's Hospital, but the settlers in this area keep bringing their sick to the hospital in small craft. The Mission Ship "Rendezvous" skippered by Rev. Cyril Venables, serves as an ambulance for sick cases that are gathered from near and far. This little vessel may gather as many as eight chronic cases in one trip, requiring consultation, minor operations, or medication, and take them to the Rock Bay Hospital. Some are left in the hospital's care, and the remainder returned one by one to their homes. It is of inestimable value to such folk to know that a clinic of this kind is possible, and the Columbia Coast Mission does much to raise the general level of health throughout her area.

Further up Coast, at Alert Bay, is the third hospital, St. George's, with 24 beds. Dr. David Ryall is in charge, with a staff of four nurses, a cook, two orderlies and two roommaids. The population here is both white and Indian, and the hospital has facilities for handling the whites and Indians separately. There are logging camps all over this sparsely settled country and the sick and injured loggers have long tedious voyages to make by sea in small craft. The Indian Department at Ottawa pays for the hospitalization of Indians here.

With Alert Bay as its home-port, the Hospital Ship "Columbia" patrols a large area, returning weekly as a rule, to Alert Bay, allowing of the ship's doctor and the hospital doctor to confer on medical and surgical cases. The "Columbia" is a Diesel driven, 100-foot vessel, equipped with radio telephone, and hour by hour each day is in touch with the Alert Bay Dominion Government Radio Station, whence messages are sent by radiophones from logging camps and tugboats, reporting serious emergencies at far away points.

It is a far call now from the days when in that area, St. Michael's Rock Bay and the small 60-foot hospital ship

were the only medical aids within the reach of the people on the lower portion of the B.C. Coast. Vancouver perforce, was the objective for some very serious cases, and what a story could be told of men and women, utterly isolated, waiting for days for the slow coastwise vessel, whose time of call was so uncertain. The radio telephone and the constantly patrolling hospital ships have changed the whole situation, as it means that urgent messages can be sent out from places where telephone or telegraph connections are utterly impossible, owing to the great ranges of mountains that flank every inlet.

The Mission is not solely medical. We try through the presence of our mission ships, their chaplains, and the friendly men who constitute their crews, to minister to every need of the people, to build up that spiritual, mental and physical balance so vital to those who have chosen isolated places as the scene of their life's work. I am sure that after 32 years' work, the Mission has contributed vitally to the general well-being of this coastal population. Only those who have ventured into frontier parts can pay tribute to the helpfulness of such a Mission, and they owe a great debt, not only to the Anglican Church, but to the unknown friends in Vancouver, Victoria and elsewhere, who have contributed generously for so many years to a work they have never actually seen, or shared in, save by their offerings. To the medical and nursing professions we address ourselves in the hope that high purposed, well qualified men and women will offer their services, not with a view to the mercenary value of appointments but primarily with a desire to render the maximum of kindly and professional service to all and sundry.

Government Will Not Recognize Union Organization at Selkirk Hospital

An emergency cabinet meeting was held recently by the Manitoba Government to decide the action to be taken with regard to union organization of the attendants in the Selkirk mental hospital, it is reported. A union of the hospital employees has been formed by The One Big Union, but, according to press reports, the government will not recognize the union and will order that it be dissolved. The stand is taken that civil servants may have their own organization, but dictation from an outside group will not be tolerated.

FOOD SERVICE

By MERRAN E. DREW, B.Sc.,

Dietitian, St. Michael's Hospital, Lethbridge

OOD! what a small word with such an important meaning. Food, the source of energy, heat, repairs and material for growth in this human engine of ours. Yet, what a seemingly insignificant item the food department and kitchen mean to many people who are so absorbed in their own profession that they never realize the details involved in purchasing, planning and preparing meals. As long as they have their three meals a day, they are satisfied, but should the bread be omitted from their tray, they immediately complain. In order to overcome such problems and satisfy the individual, the food department must be well organized so that the meals will be served as accurately and temptingly as possible. An important part of the reputation of the institution or hospital is centred around the food served. In the hospital our guests are patients who have poor appetites and peculiar fancies. These must be catered to, and, in order to do this, the food service and staff must be efficient. Thus, unimportant as the diet department may seem, it plays a big role in hospital management and needs worthy consideration. Whether the hospital is large or small, the details in planning and managing an efficient service are numerous.

In order to discuss food service in the hospital we must first consider the possible types of service. Generally speaking, there are two, namely: the floor diet kitchen service, in which the food is sent in bulk to each unit and the trays served from there, and the central service system where the trays are served completely from the main kitchen and distributed to the patients immediately. Some hospitals may use a combination of these two. Central service can be efficient only in the upright type of hospital. Since this system is in use in St. Michael's Hospital, we shall use this institution as an example in our food service discussion.

The Physical Plan of the Dietary

First of all, we must have a general idea of the plan of the department. The kitchen is situated on the ground floor of the north wing of the building. It is large and very bright with windows extending the length of the room on the east and west sides. In the north-west corner is the pastry room where the desserts, cakes and fancy breads are made. The store room for non-perishable supplies is in the north-east corner. Between these two rooms are the refrigerators, one for milk and butter, one for meat and eggs and the third for fruit and vegetables. Directly south of the pastry room is the dish washing department, with its electric dish washer, china and silver cupboards and silverware drawers. In the main part of the kitchen are the gas stove, coffee urns, steamer, steamjacket, soup kettle and vegetable sink. A large work table with chef's rack overhead extends in front of the slove separating it from the steam table. The steam table has

eight wells for vegetables and soup, three smaller ones for gravy and three trays for meat, toast plates and so forth. Underneath is a steam heated cupboard for plate covers and soup bowls. A serving table L shaped, adjoins the steam table with cupboard space for pots and pans, cooler for cream, butter, milk, refrigerator for salads and desserts and a heated cupboard for the coffee, tea and cocoa pots. A hot water urn stands at the extreme end and is used for tea.

A small diet kitchen used for the night meals adjoins the main kitchen. Across the corridor from these kitchens are the dining rooms for the Sisters, nurses, maids, guests and visitors. Any hospital visitor may pay for his meal and eat in the dining room. The food for the dining rooms is all served from the main kitchen.

On each floor, there is a small diet kitchen, situated directly above the night kitchen, and equipped with gas stove, sink, refrigerator, cupboards and an entrance door to the food lift shaft. These kitchens are used for floor nourishments and as distributing and collecting centres for the patients' trays. Closed tray conveyors, holding eight trays, are sent to the floors on an automatic electrical food lift. We have seven conveyors and divide these among the floors according to their needs. If there are extra trays or supplies to be sent to a floor, shelves are arranged on the food lift to hold them.

Serving the Meals

With the accompanying sketch of the kitchen plans, the conveyors, food lift and floor kitchens, I shall outline briefly the procedure for serving trays. The tray conveyor is brought to the back of the steam table and a tray placed on the serving table by a maid. This maid puts on the tray milk, cream, bread and butter. The dietitian, standing opposite, calls the diet to the maid serving the hot orders, adds the soups and dessert and gives the tray a final checking before proceding with the next one. A third maid keeps the serving table supplied with desserts and salads and serves the beverages just before the trays are put on the lift. The beverages are sent to the floor on a separate tray and served with the trays. This ensures hot tea and coffee and prevents soiled tray cloths.

The special diet trays are served first and sent to the floors. Unless a special diet is well served it is not always very palatable and easy to take and for this reason these small orders can be served immediately they are prepared, if these trays are the first to be delivered. If special diet trays are served with the house diets, there is a possibility that there might be a mistake in the diet served and for this reason we do not mix them. Following the special diets, the private trays and semi-private trays are served and lastly the ward patients' trays.

Organization

In order to prepare food and serve trays we need staff. Our cook is responsible for the preparation of meats, vegetables, soups and some salads. One of the Sisters is pastry cook, preparing the desserts, cakes and fancy bread. A maid prepares the vegetables, assists with the cooking and takes care of the pots and pans. The three maids who

assist with serving, wash the patients' dishes and set up the trays. A fifth is in charge of the nurses' and maids' dining rooms while Sisters take charge of the other rooms. We have labor-saving devices such as a Crescent dishwasher, an electric mixer for batters, mayonnaise, mashing and puréeing vegetables, an ice cream freezer, electric bread and meat slicer and vegetable peeler, which reduce the amount of time and labor, improve the efficiency and so eliminate unnecessary staff.

rs

ie

er

s-

a

is

18

18

ts

al

g

d

IS

r

1

r

ıt

d

r

e

r

d

d

n

e

d

Each morning special diet requisitions are sent from the floors to the dietary department. This slip bears all the patients' names, room numbers, diet, beverage and any particular remarks regarding the diet. These are checked and trays set up for the new patients before we serve breakfast at 7.30 a.m. Another type of requisition stating the patient's name, number, diet, diagnosis and doctor is used for new patients arriving during the day or for change of diet. No tray is served without a requisition and no special order sent to a patient without a written order, unless the food is included in the patient's diet. This is only a safety measure for the dietary department.

Purchasing is a big item in the life of every dietitian and must be given very careful consideration. Since we cannot go into detail I will simply state that we order groceries and staples once a week from a local wholesale for our store room space is not adequate for larger supplies. Fresh fruits and vegetables are purchased once or twice a week, depending upon their perishableness. Meat is procured from a local agent or in payment of a hospital debt. Root vegetables are usually supplied by farmers paying their accounts. In summer we purchase all vegetables from the local gardeners. The local bakers supply bread. Considering the size of hospital, necessary equipment and extra staff needed for a bakeshop, we find it less expensive to purchase our own bread than to bake it.

The menus are planned a week ahead. The full house diet is planned and the other diets are variations of this one. Private foods are extra and the staff meals may vary at times. Special diets must be planned each day as a variation of the house diet. We do not use the selective menu, but by visiting the private, semi-private and special diet patients frequently and catering to their likes and fancies, we can usually satisfy them. Special diet patients are in-

structed in their diet and a discharge diet, giving suggestions for a week's meals is planned for them. Records of every diet are kept in the department for reference.

Since the hospital is small our food record system is simple. Every food item is recorded in a card index file. Each purchase of that commodity is recorded. At the end of the month a complete inventory is taken and the amounts of each item entered on the card. Thus one can tell, at a glance, the amount used per day or month and the price.

Since the dietary department is an expensive item in hospital management, we must prevent all possibilities of waste and added expense and reduce costs to a minimum. We must guard the amount of the garbage by standardizing the portions of food, avoid serving an unpopular dish twice, and by visiting the patients, knowing their likes and dislikes and so pleasing them as well as providing a satisfactory food bill. If the dining room staff is efficient the waste will be practically negligible. Breakages are a big item and must be closely checked. Constantly changing staff and the irresponsible type of individual accounts for the greatest percentage of these losses. Petty thievery and souvenir hunting must be prevented; this is only accomplished by constantly checking the trays as they are returned and a monthly inventory of the silver. The kitchen should be locked at night and a separate one provided for the night staff. Otherwise the kitchen equipment will be frequently borrowed, and in many cases ruined.

This, in brief, sketches the food department in our hospital. Some may believe the management of a small institution very simple without realizing that whether there are fifty or two hundred meals the same procedure must be followed. In our hospital the total meals numbered 180,-378 for last year with 40,000 of these private and semi-private patients. Since the New Year we have averaged ninety-five patients' trays per meal while the staff meals are two hundred and fifty per day. We often hear it said that "people live to eat", but in the hospital the patients "eat to live." So they may live, appetizing food, daintily served must appear on every tray and this only comes from an efficient Food Service Department.

Presented at the Hospital Conference of the Edmonton Meeting of the American College of Surgeons, 1937.

New St. Bartholomew's Hospital at Lytton, B.C., Opened

The hospital, which is under the control of the synod of the diocese of Cariboo, served by Dr. J. P. Ellis, Indian Department Officer, and in charge of Mrs. E. Stibard, the matron, was formally opened recently by a solemn dedication ceremony. Present at the ceremony were representatives of federal and provincial governments, members of neighbouring medical fraternities, and many others associated with Church of England mission work.

Normal accommodation of the new \$40,000 hospital is thirty beds, but the interior is so arranged that in an emergency this may be increased to fifty. An innovation is the division into wards for Indian and white people. In the former hospital both were placed in the same wards.

The new St. Bartholomew's contains, in the Indian wing, two six-bed and one three-bed ward and a nursery; in the white wing private and public wards. There is a fully equipped operating-room, X-ray, dispensary, laboratory and dark-room. In each there are two sunrooms.

The main part of the hospital is on the first floor. The ground floor accommodates, besides ward space, a large kitchen, the nurses' dining-room, office, sewing-room and servants' quarters. An electrically equipped laundry is housed in the basement. The nurses' home, built in 1931, completes the hospital unit.

Your remittance of one dollar will ensure The Canadian Hospital being sent to you regularly. Why not subscribe to-day?

Attractive New Residence for Nurses at Woodstock, Ont., General Hospital

By HAROLD J. SMITH, Architect, Toronto

HE development of a suitable Nurses' Residence is undoubtedly one of the most important activities of the modern hospital. Too often has the attitude been taken by hospital boards that almost any accommodation was all right for the nursing staff. This point of view completely overlooks the fact that the health, both mentally and physically, of the nurses is one of the first requisites to efficient care of the hospital's patients. In fact the nursing staff is the most important part of the hospital's equipment, if one may be permitted to use such a reference.

Everyone who has had close associations with hospitals has found many instances where the nurses have been crowded, two or more, into small rooms; even cases where the same beds have been used by both day and night nurses. Under such conditions it is impossible for them to commence their day's activities, fresh and alert in mind and body.

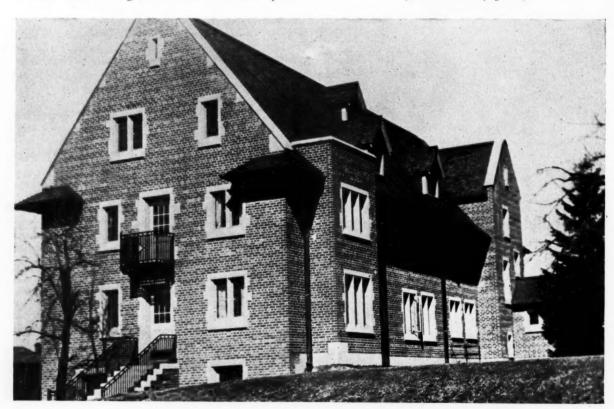
As this truth is being realized more and more by hos-

pital trustees, the residences being erected for the nurses are rapidly improving.

The Woodstock General Hospital has been fortunate for a number of years in having a most attractive and comfortable residence, but it had become very crowded, small rooms having to accommodate two nurses. Also the building had no provision for class instruction thus making it necessary to carry on the teaching elsewhere. The result has been that for a number of years one floor of a patients' wing has been utilized for nurses' bed rooms with one room for classes. As the demand for hospital beds has greatly increased during recent years it finally became necessary to provide additional accommodation for the nurses and to thus release for patients' use, the rooms that were being used by the former.

With this in view the hospital board instructed the architect to study their problem and to prepare the necessary drawings for the required number of additional beds.

(Continued on page 34)



New Residence for Nurses, Woodstock, Ont., General Hospital.

Obiter Dicta

Canadian Hospital Council to Revise Constitution

ELSEWHERE in these columns appears the Constitution of the Canadian Hospital Council with the revisions which the Committee on Constitution and the Executive Committee will submit at the biennial meeting in Ottawa, September the 8th and 9th. As stated in the opening paragraphs of the article, it was necessary to make certain revisions in the Constitution at the time of incorporation to meet the requirements of the Secretary of State, such as mention of the appointment of an auditor, power for the execution of mortgages, assignation or transfer of securities, etc. Certain other minor changes are being recommended in order to clarify some of the clauses, facilitate their execution or add to the efficiency of the Council.

d

1,

e glt

These changes, some of which are essential to incorporation and others of which are the fruit of several years' valuable experience in actual operation, would appear to be a distinct improvement. None of the objectives of the Council have been changed nor has any alteration been made in the excellent basis of representation which, from the first, has proven so satisfactory for our scattered situation in Canada. The addition of the Second Vice-President to the Executive Committee would seem to be a desirable step. The changes associated with the incorporation of the Council have already been approved by the Executive Committee.

WW

Bon Voyage

We wish all delegates attending the International Hospi al Meeting in Paris a pleasant journey, an instructive and congenial meeting, and a safe return.

The Medical Audit

HE medical audit is something that we read about in our textbooks on administration and in the journals but many of us do not realize the tremendous advantages incurred by establishing such an audit in our institutions. The word "audit" describes the procedure in an ideal way, for exactly like the financial audit it brings the results of many staff activities into complete balance by debiting and crediting the efficiency of the work and so tabulating it that it is easily understood. Unless the subject of such an audit is carefully handled it may give the impression that a check-up is being made in an interfering manner but if the matter is handled prop-

erly such will be welcomed by almost every member of the staff for the advantages to the individual are just as great as to the staff as a whole. It enables the individual to analyze the progress that he is making in each phase of his work, to balance results against risks, and to compare his standard of work with that of his associates. To the staff as a whole it shows if the statement of work is improving in respect to the work of previous years and in comparison with the work done by medical staffs elsewhere. A survey of this nature is of inestimable value to the patient for it automatically brings about standardization of work, eliminates carelessness, and assures him of a careful study of his case. In many hospitals in Canada and the United States these audits are conducted continually by the staff themselves but there are a number of hospitals that have not as yet established the procedure and are somewhat reluctant to do so for fear that the gesture may be misinterpreted. In the United States this problem has been solved to a certain extent by utilizing the services of an experienced medical auditor in the first instance who makes a complete analysis of the staff work from the case records and then establishes an organization so that the staff may continue with the audit themselves. This procedure has proven quite successful and we now understand that one hospital in Canada has recently conducted such an audit in this manner and because we believe this is a progressive step "The Canadian Hospital" in the near future will report in detail on this audit in the hope that other hospitals will follow the lead.

Refresher Courses foy M.D's

The staff of the Children's Memorial Hospital, Montreal, will conduct a post-graduate course in the medical and surgical aspects of the diseases of children during the week of September the 13th next. Those desiring to apply for the course are urged to do so without delay, as there is only limited accommodation available. Registration fee is \$15, which includes daily lunches at the hospital for the duration of the course and a dinner at the Faculty Club, when a prominent speaker will be the guest.

The Faculty of Medicine, University of Toronto, offers two postgraduate courses of one week, each commencing Monday, September the 20th, 1937. The course on Physical and Manipulative Therapy will consist of the presentation of cases showing clinical conditions, demonstrations of the methods used, and discussions of the indications for each method. The course on Cardiovascular Disease will consist of theatre and bedside clinics and practical work in the wards of the Toronto General Hospital. The fee for each course is \$25.00.

Applications will be received up to August the 15th by the Secretary, Faculty of Medicine, University of Toronto.

Two Demonstrations—

(a) The Importance of a Medical Record

(b) Maternal Care

Demonstrated by the Staff of the University of Alberta Hospital, Edmonton, Alberta, for the Regional Meeting of the American College of Surgeons.

NE of the interesting features during the Regional Meeting of the Hospital Section of the American College of Surgeons, held in Edmonton, March 25th, was the dramatization of the Medical Record and the demonstration of the Obstetrical Patient from the time prenatal care was instituted until the mother left the

hospital with her baby.

In introducing the subject "The Importance of the Medical Record", Dr. R. T. Washburn, Superintendent of the University of Alberta Hospital, made reference to certain factors in the compilation of observations and facts from the administrative standpoint. He emphasized the importance of legibility of the record, the securing of complete identification of the patient on admission and, in the case of an accident, the identity of the individual who brought the patient to the hospital. He stressed the importance of having the record accessible, and the summary card so compiled that it may be used for quick reference when the main hospital record has been placed in dead storage. "There is very little value in recording observations and facts if the material you record is not used", he stated.

Dr. W. F. Gillespie, Surgical Registrar, University of Alberta Hospital, spoke a few words referring to the value to the patient, the doctor, and the hospital, of case records properly kept and adequately filed and indexed. The patients' record is detailed in black and white, nothing left to memory. The progress of the case is described to the day of discharge. Items are then available if necessary, on a second admission, which may save time and expense. The doctor can find in his case records the best text book for improvement of his work and further study. The hospital finds in the records a measuring stick for estimating its mortality, morbidity, adequacy, of nursing care and various procedures. In cases of medico-legal action the history can furnish a clear, full, and accurate record of what really happened and so clear the air for all parties concerned.

The stage setting in dramatizing the record depicted, in the first Act, an admitting office. An accident case is being admitted by the admitting officer. She demonstrated obtaining complete information regarding his social life, with as little delay as possible. The House Officer on duty was called and made a cursory examination to determine the line of treatment to be followed. He discovered, during this examination that the patient had a cough, and upon recommending the patient for admission to hospital had him placed on precautions. The admitting officer referred

the patient to the X-ray department and advised the floor to be ready to receive the patient. She notified the police that an accident case was being admitted and she questioned the man who brought the patient from the scene of the accident, in order to secure his identity.

During the interval between the first and second Act Dr. Washburn stressed the importance of placing all patients on precaution on admission, until there has been a thorough physical examination carried out. He pointed out the danger to the nursing service when a patient with a minor disability is admitted who may have a concurrent tuberculosis. It is the unrecognized tuberculosis patient who presents the preatest danger in nurses contracting tuberculosis. To eliminate this danger a complete physical examination should be carried out and recorded on every admission, no matter how minor the condition may be considered and every patient should be placed on precautions until this complete physical examination has been carried out.

The second Act opened with the patient in bed in his room having his history taken by the intern. During the time the intern was taking the history and conducting the physical examination, Dr. Gillespie described, with the use of the reflectoscope, the method of case history taking. Adjacent to the patient's room the scene showed a nurse in her station charting. Following the completion of the examination of the patient the intern proceeded to the nurses' station to write his orders in the Order Book; the nurse then described the method adopted in the University Hospital, in carrying forward orders from day to day. This Kardex system has been in use at the hospital for five years and by its use it saves the time of nurses in transposing orders.

During the period between the second and third Act Dr. Washburn described a number of the medical forms used in the hospital as they were thrown on the screen. He touched briefly on some outstanding features of the forms used at the hospital. He pointed out, for example, the advantage of having instructions on the use of the form appear on each sheet. With the frequent changes in staff, new members can readily see the use of each particular form. He pointed out the value of a "Caution" card attached to patients proceeding to special departments. This caution card warns the department head of any dressings, or of any disability where careful handling should be carried out. Similarly patients returning from the operating room should have attached to them a brief

description of the operation, what to guard against, and the doctor's orders for post operative care.

The third Act depicted a "Record Office in Action." It showed the care taken by a record clerk in seeing that every order written by the attending physician has been carried out and recorded. It showed also the importance of the summary of the record containing everything of importance which transpired in the care of the patient. This summary card remains permanently in the record office for quick reference. The scene showed the simplicity by which the record office receives the medical record upon the discharge of the patient. The clerk briefly explained how the record was received in the office the day following the discharge of the patient, as follows: "the Medical staff of this hospital at a regular staff meeting unanimously agreed that the history, progress notes, and summary will be completed and signed before the patient may be discharged." Consequently, the records of discharged patients are picked up by the Commissionaire at ten o'clock on the morning following the discharge of the patient and brought to the record office. By enforcing the staff's own resolution the whole situation has changed in the record office. It has meant that this contentious problem of having charts completed and signed by the attending staff has been solved by the members of the medical staff themeselves. Greater interest in the record has been taken by the staff and better records are being prepared.

The Records Librarian, in summing up stated—"Good records do not happen of their own accord. Regardless of the size of the hospital there must be organized, persistent efforts to assure satisfactory results. The producing of a good record requires the combined efforts of the patient, attending physician, intern-right down to the Record Room staff. A good record is an expression of facts rather than opinions. Since the records constitute one of the main factors upon which the hospital is rated, loyalty demands the whole-hearted co-operation of all." She stated that there is nothing more annoying to the Records Librarian than to find charts being turned in with diagnoses made such as Buerger's, Legg's and Raynaud's disease, or Hoke, Sturmdorf, or Jones' operation, when it would be just as easy to follow the nomenclature of diseases and operations in use in the hospital.

The members of the University Hospital staff participating in the drama were:

Dr. E. Hitchin, Resident.

Miss Mary Bowman, Admitting Officer.

Mrs. E. M. Porritt, R.N., Charge Nurse.

Miss Evans, Student Nurse.

Miss J. G. Nairn, R.R.L., Record Librarian.

Miss E. M. Foy, Secretary to the Superintendent.

Messrs. Callen, Parkhouse, Fleck, Honcock, Waters,

Hospital Orderlies.

Immediately following the completion of this drama a short general discussion was led by Mr. Leonard Shaw, Superintendent of the Saskatoon City Hospital, on the importance of recording observations, conversations and facts. Everyone agreed with the epigram-"The faintest ink is more lasting than the strongest memory."

The second half of the program was a demonstration of maternal care, obstetrical technique, and procedures, given by the Obstetrical Staff under the chairmanship of

(Continued on page 25)

If it's new it's Cenco!

THE LATEST IN **INCUBATORS**



A new product of Cenco development, with relay control and forced circulation.

Cenco's new Forced Draft Incubator sets the pace for accuracy and uniformity of temperature control with flexibility and large capacity.

An advance in bacteriological incubators is our No. 46025 Cenco-Forced-Circulation Incubator.

Designed for beauty as well as efficiency.

The rectangular top shown in illustration houses the control unit and may be lifted off if necessary. The unit comprises motor and fan for circulating air, thermo-regulator, relay and heating coil. Heating unit permits control from room tempera-ture to 40°C. above room. Cenco-DeKhotinsky regulated. Shelves 20" x 18" each will carry 20 Petri Dishes. Three shelves supplied, but as many as thirty can be installed permitting space for 600 Petri Dishes. Base is 291/2 x 22"; overall height is 50".

Finished in aluminum bronze and black, chrome plated hardware, reasonably priced at \$231.00 Duty Paid, or \$170.00 Duty Free. Operates at 110 volts, 60 cycle.

We shall gladly give you further data on request.

CENTRAL SCIENTIFIC COMPANY OF CANADA LIMITED

SCIENTIFIC INSTRUMENTS

LABORATORY

TORONTO 2

PACIFIC COAST OFFICE: 1830 WEST GEORGIA STREET, VANCOUVER, B. C.

Instructive Programme at Meeting of Ontario Conference of C.H.A.

Approximately one hundred delegates from all parts of the Province were present to enjoy the excellent programme arranged for the sixth annual convention of the Ontario Conference of the Catholic Hospital Association, held in St. Joseph's Hospital, London, Ontario, June 22nd and 23rd

The conference opened with the celebration of High Mass by Reverend Doctor P. F. Pocock, B.A., J.C.D., St. Peter's Seminary, London. His Worship T. F. Kingsmill, Mayor of London, formally opened the exhibits and addressed hearty words of welcome to the conference delegates and the exhibitors. At the opening meeting which followed, the delegates were welcomed by Reverend F. J. Brennan, S.T.L., in the name of His Excellency, the Most Reverend J. T. Kidd, and by Doctor L. J. Duffy, B.A., M.D., chief of staff, St. Joseph's Hospital, London. Sister Monica in her Presidential address gave a résumé of the accomplishments of the Association since its organization and outlined the work for the coming year. Reverend F. J. Brennan discussed "Hospital Administration", stressing the fact that the head of every department is a distinct administrator and the necessity of co-operation to achieve Unity in Design and Unity in Action.

OPTO BRAND AMPOULES

The chemical ingredients used in the manufacture of Hartz OPTO BRAND AMPOULES are required to measure up to the highest possible standards. No effort is too painstaking to ensure accurate dosage and thorough sterilization.

Be prepared for emergencies by stocking in your Dispensary OPTO BRAND AMPOULES such as:

CALCIUM GLUCONATE 10% CAMPHOR IN OIL DEXTROSE 50% MAGNESIUM SULPHATE 25%

and other standard formulae.

Look for the black line in the glass which assures your patients the protection of genuine alkali free JENA GLASS.

MANUFACTURED IN CANADA

The J. F. HARTZ CO. Limited

Pharmaceutical Manufacturers
TORONTO MONTREAL

SPECIFY HARTZ PHARMACEUTICALS

Sister Norine of Toronto, conference secretary, presented her annual report.

The first speaker of the afternoon session was Doctor Meyers, of the Ontario Department of Health and member of the Faculty of Psychology of the Toronto University, who impressed the audience with the value of psychiatric nursing being included in the general education of the sudent nurse. Doctor C. F. Sullivan, B.A., M.D., F.R. C.S., gave most instructive information regarding "Procedure in Intern Education."

Sister M. Patricia B.S., R.R.L., Administrator of St. Mary's Hospital, Duluth, Minnesota, presented in an excellent way, "The place of the record department in the hospital."

Sister Albertine, Reg. N., St. Michael's Hospital, Toronto, pictured in a vivid manner the advantages of health teaching in the out-door department.

Sister Gonzaga, Reg. N., St. Joseph's Hospital, Peterborough, in her paper, "The Hospital Patient," dealt with the many phases to be considered in the treatment of the patient.

"Ward Teaching," by Sister Marie Therese, R.N., B.S. M.S., Mercy Hospital, Chicago, was the topic of Wednesday mornings session, which elicited a most interesting discussion

Reverend T. J. MacMahon, S.J., Toronto, was the first speaker of the afternoon session when he clearly defined, "The Place of Ethics in the Curriculum for Schools of Nursing"

Reverend Doctor P. J. Pocock, B.A., J.C.D., in his discussion of this topic cited typical examples where thorough instruction of ethical problems are essential.

Miss Eileen Riordan, Reg. N., St. Joseph's Hospital, Toronto, cleverly outlined "How Community Health may become an Integral Part of the Student Nurse's Education." Miss Helen Heffernan, Superintendent, St. Elizabeth's Visiting Nurses' Association, Toronto, opened the discussion of this subject by outlining the work of their association in the community health programme.

Reverend J. W. Dore, C.S.B., St. Michael's College, Toronto, presented a most scholarly paper on "Psychology in the School of Nursing." Sister Madeleine of Jesus, Reg. N., B.S., Director of Studies in the Ottawa University School of Nursing, lead the discussion on this paper and demonstrated its practical application.

In the evening the delegates were entertained by the presentation of the "Casket Story" of the Merchant of Venice, and a musical programme sponsored by the student nurses, under the direction of Brother Gabriel, London. This proved a most enjoyable closing to a very successful meeting.

The Officers for the Incoming Year are:
President, Sister Monica, Hamilton (re-elected).
1st Vice-President, Sister Madeleine of Jesus, Ottawa.
2nd Vice-President, Mother M. Aloysius, Kingston.

3rd Vice-President, Sister M. St. George, Cornwall. Secretary-Treasurer, Sister M. Norine, Toronto (reelected).

Committee: Mother Margaret, Toronto; Mother Patricia, London; Sister Josaphat, Ottawa; Sister Felicitas, North Bay; Sister Gonzaga, Peterborough.

Two Demonstrations

(Continued from page 23)

the Director, Dr. L. C. Conn. The essentials of Prenatal Care were outlined by Dr. Allan Day. He stressed the need for complete examination, regular attendance, and the recognition of early signs of toxaemia as necessary for adequate care of the patient. The routine of the prenatal out-patient care was given in brief by Dr. Ross Vant. He stressed the need for co-operation with the dietitian in dealing with the food problems of the outdoor patient, while visiting and home nursing needs could be filled by the city health nurse and the staff of the Victorian Order of Nurses.

A most interesting part of the demonstration was given by the Nursing Staff. Miss Sloane outlined the Preparation of the Patient for Labour, stressing the need for both mental and physical care of the patient. Miss Fane, in giving the Observation of the Patient in Labour explained the significance in watching the foetal heart as well as the general condition and the reactions of the patient. Miss Trowbridge gave an excellent description of the Delivery Room Set-up for delivery and immediate post partum care. The nursing points were all illustrated by actual performance on the mannikin-a fact which in the writer's opinion should be remembered when future demonstrations of this sort are put on. Dr. Gerald Charlesworth discussed briefly Common Complications and their Treatment, occuring during the Puerperium. Dr. L. C. Conn rounded out the discussion by illustrating some points in Analgesia. He also pointed out the need for an adequately equipped delivery room for, as he said, "The difference between life and death in the case-room depends often on the presence or absence of an obstetrical apparatus or instrument."

Dr. D. B. Leitch briefly described the Common Sense measures necessary in caring for the newborn, which measures he opined differed definitely from those in caring for laboratory babies.

The whole program was capped by a delightful film entitled "Around the Clock with your Baby"—explanatory in its title. Truly the demonstration provided both an entertaining and instructive feature, and the Director and participants are to be heartily commended on the style and character of their performances.

Presented at the Hospital Conference of the Edmonton Meeting of the American College of Surgeons, 1937.

Fire in Nurses' Quarters at Edmonton General Hospital

A fire, causing \$2,000 damage but injuring no one, recently broke out in the nurses' home, which was being fumigated with burning sulphur and, therefore, all but 12 of the 85 resident nurses were sleeping elsewhere that night.



Malnutrition Problems



Children who refuse milk and other strengthening wholesome foods present a problem both to parents and physicians. Ovaltine has been found invaluable in such cases. flavour is appetizing and acceptable. Ovaltine is a balanced concentrate of prime nutrients. Stirred into milk, hot or cold, it is served at meals, between meals and at bed time. A nourishing food tonic beverage in itself, Ovaltine has the additional merit of stimulating natural appetite. Complete - Accurate - Revised

OVALTINE

Tonic Food Beverage

Helps Convalescents Regain Health and Strength

WE WOULD LIKE TO KNOW—

The Editorial Board will be pleased to answer in this column any question they can that will be of general interest to hospital workers. Kindly mail questions directly to the Editor.

Asked at Edmonton — Answered by Sister La Chance, Reg. N., Edmonton.

Q. What are the advantages and disadvantages of a central supply room?

A. The main aim of a hospital is to uphold asepsis, and I think it can be truthfully stated that a central supply room is a solution to the problem of aseptic dressings. Our central supply room has proven most satisfactory from the following points of view: (1) Economy of time and of material. (2) Careful technique in surgical dressings. (3) Punctual appliance of dressings and compresses carried out under a supervisor, devoting all her time to this work. (4) Careful following of the dressing treatment facilitated for the nurse and thus work is made more interesting. (5) Possibility of supplying the needs of all attending doctors, because nurses who are being trained in this particular part of nursing procedure, are conscious of the various responsibilities and technicalities involved in this work. (6) Nurses who apply compresses and other sterile procedures, are being governed by a microphobia which is bound to be reflected in an almost perfect technique. (7) Hence, satisfaction generally given to all concerned. After enquiries made, the only disadvantage found at present is, at times a slight delay in receiving a tray for an individual dressing when a number of doctors demand such, at the same time, but, the delay is not as lengthy as it has been with a supply of dressing carts on each ward.

Q. How should a central supply room be organized and managed to assure an efficient and satisfactory service? What should be included in a central supply room service?

A. Our central supply room consists of three rooms and is a department entirely of its own in the hospital. In room one are to be found all trays, treatment apparatus, solutions, sterilizer, tanks of cold and hot water; room two is for examination of patients, emergencies accidents, etc.; room three is for the making of surgical supplies, wrapping gloves, sterilization of all dressing room supplies. The dressing room being concerned only with dressings to such areas as are open and subject to infection, the supervisor of each ward daily orders from the dressing room her supply of sterile towels, swabs, gloves, etc. To assure an efficient and sa'isfactory service in the dressing room, a supervisor and at least six student nurses are required. It is a department where every nurse, in her second or in her third year of training must serve at least two months, during which period of time she is carefully instructed in the technique of handling dressings and assisting the doctors, how to make supplies and the proper use of them. To one nurse is assigned the charge of all eye, ear, nose and throat cases. The other departments of the hospital are divided among the remaining nurses. In the morning a schedule of the daily dressings and the

time they are due, is posted in the dressing room. When a nurse leaves the supply room to do her dressings or compresses, she puts a circle around the time marked on the list, she also notifies the nurse in charge of the supply room to which floor she is going. When she returns, a line is drawn through the circle, so that at a glance the charge nurse knows whether the dressing is to be done, is being done, or has been done. A doctor orders a dressing B.I.D. The ward supervisor sends a complete slip to the supply room. From this moment the supply room nurses are responsible for the doctor's order. It is the duty of the supply room nurse in charge of one particular ward to see that all dressings scheduled are done, and to report anything abnormal to the nurse in charge. Interns, assisted by supply room nurses, do the dressings with drainage. Nurses scrub for all compresses and dressings in preference to using forceps. This for two reasons: (1) It is much easier to wring a large compress by hand. (2) Danger of burning the patient is eliminated. Dressing trays already prepared contain: forceps in lysol for the handling of dressings, alchol, iodine, mercurochrome, peroxide, vaseline, adhesive, packing 1" and 1/2" both plain and iodoform, silver nitrate applicators, gauze bandages 1", 2" 3", kidney basins, sterile towels, swabs, safety pins, gauze, abdominal pads, gloves and instruments, a set containing two thumb forceps, scissors and probe, suture sets and clip forceps are also kept on hand. A doctor orders a tray. The nurse from the ward calls the dressing room in the following manner: "Dr. B. would like a tray to do an abdominal dressing on Mr. X. in bed No. 216." If he wishes anything special, she states it when calling for the tray. When found more convenient, the doctor orders the tray when passing by the dressing room. The central supply room further includes a supply of all solutions and various medications that may be required for any dressings: an emergency set of instruments, needle holder, corceps, scissors, scalpel needles, and clips are kept sterile. In addition there are basins, graduates, salvarsan tray, speculum and forceps, syringes in all sizes, catheters and various other articles that might be needed which are kept wrapped and sterile. Besides the adlominal dressing trays we have lumbar puncture, phlebotomy, aspiration, and tonsil emergency trays which are at all times kept ready to be taken out for doctors to use. Intravenous and hypodermoclysis sets and needles are also kept in the supply room.

Q. Is a 24-hour service necessary when the hospital has a central supply service?

A. We have found that generally one nurse is able to handle the dressings at night. When absent from the supply room, a card is left indicating the floor where she is on duty so that she can be called if needed. For better and quicker service I would suggest that a dressing room be located in the central part of a hospital.

Campaign Against Tuberculosis in Ontario

The Government of Ontario proposes to compel all municipalities to send victims of tuberculosis to proper institutions for treatment, instead of allowing them to spread the disease by contact with other people. Premier Hepburn recently announced that steps would be taken to check the spread of the disease, and has mapped out a plan of action, in collaboration with Honourable Doctor J. A. Faulkner, Minister of Health, and departmental officials. This will follow to some extent the principles being developed in some of the western provinces. It is estimated that it will be necessary to increase available ac-

commodation at tuberculosis hospitals by 10 per cent. A new unit is being constructed at Cornwall to take care of eastern Ontario, and additions to the present buildings at Windsor will be rushed to completion.

At the present time all cases are reported to the municipal authorities, as required by the law covering contagious diseases, but in many instances nothing is done after the report is made. It is estimated that only 40 per cent of tuberculosis cases are receiving hospital care, and it is reported that the Government proposes to bring pressure to bear on all municipalities so that every case requiring care will receive proper attention.

Existing legislation may have to be amended to carry out the compulsory feature of this programme. The Health Department officials point out that smallpox, diphtheria, scarlet fever and other contagious diseases are dealt with promptly by health authorities, the sufferers are isolated, and precautions taken to prevent the spread of the disease.

Wood's

PAPER DOILIES-TRAY COVERS



G. H. WOOD & COMPANY LIMITED

TORONTO

MONTREAL

Vancouver Edmonton Winnipeg London Hamilton Ottawa Quebec City Saint John, N.B. Halifax, N.S. Your inquiries for whatever sizes you use would be appreciated.

THE IMPORTANCE OF THE QUALITATIVE ADEQUACY of the DIET

"... if the diet is unsuitable, the body cannot be properly constructed, neither can it function effectively."

(Ministry of Health. First Report of Advisory Committee on Nutrition, 1937, P. 6.)

It is acknowledged that foodstuffs containing vitamins play an important role in the economy of the body. Marmite is a yeast extract that is exceptionally rich in vitamin B1 and the B2 complex; it is prescribed extensively for its positive health-promoting properties. Marmite has many uses in preventive and curative medicine, and there is ample evidence of the benefit accruing from its regular inclusion in the diet.

Special quotations for supplies in bulk to Hospitals and Institutions, or for sale in 2, 4, 8, and 16 Oz. Jars and in 7 lb. Tins.

MacLAREN-WRIGHT LIMITED

69 FRONT STREET EAST - TORONTO



MARMITE IS RICH IN VITAMIN B
AND HELPFUL IN THE TREATMENT OF CERTAIN FORMS OF ANAEMIA

Ontario Hospital

URING the last few weeks, the Toronto members of the Legislation Committee of the Ontario Hospital Association have been in conference with the officers of the Pro-

vincial Department of Health on several occasions, discussing the charging of extras to public ward patients who pay \$1.75 per day for their own care and for whom the Provincial Government pays a grant of 60c per day.

A number of hospitals in the Province have not been in the habit of making any charges for extras to these patients. Others have charged fifty per cent of the regular schedule and some have charged full rates.

Representatives of the Association stressed the fact that hospitals could not afford to supply these extras free of charge

The officers of the Department, while generally agreeing with this position, expressed the view that these patients should not be charged in any case more than the actual cost of these extras, and also gave us to believe that if the hospitals would confine themselves to charging only fifty per cent of the scheduled rates of all extras, including X-rays at fifty per cent of Workmen's Compensation Board fees, the Government would allow such charges.

Your representatives have placed this matter by letter before the Board of Directors of the Association and have had almost unanimous approval of the principle of hospitals agreeing with the position taken by the Government on these suggested rates.

Therefore, may we suggest to all hospitals in the Province that you try out the scheme of making charges on the basis above discussed, and we feel sure the Ontario Government are willing to allow these charges and thus end a lot of confusion and bring about a condition which in the end should be better both for the hospitals and the patients.

The Convention dates this year are October 20th, 21st and 22nd, and the place of meeting, the Royal York Hotel.

We hope another section is in process of formation. The Hospital Social Service Workers are planning to hold a meeting, and are arranging a programme. This meeting will take place during our Convention, and should give the inspiration to form a section of the Association.

The Record Librarians are arranging a more extensive programme than last year including a round table discussion which will take place on the first morning of the Convention.

We should be pleased if during the next two months all the hospitals would carefully note any clauses in the new hospital regulations which seem to them to be not practicable and would send in to this office any suggestions which they may have to offer as to changes which would be beneficial.



Association News

It is expected that the Board of Directors will meet in September to discuss all of these matters with a view to making such representations to the Government as are deemed advisable.

Women's Hospital Aids Association Province of Ontario, Canada

Public Health

"What is this army?" It is the youth of the land. They are arriving, arriving!

Babies grow into children, children into youth, youth into men and women.

The mass of humanity is a marching mass—steady, irresistible, onward and upward they come. Life is complex, difficult—struggles exist as never before.

We need all the equipment we can get, to achieve our best, hence comes the voice, "Arise and set about to methodize and work, study, play and laugh, flavouring all with love and service in promoting the health and well being of the nation.

It was Disraeli who said, "the public health is the foundation upon which rests the happiness of the people and the welfare of the nation. The care of the public health is the first duty of the statesman."

Voluntary women engaged in hospital aid work realize that health is the soul, that animates all enjoyments of life, that health is necessary to all the duties as well as the pleasures of life. That first wealth is health and he that has this great boon has superiority of mind and body.

Health being such a blessed and priceless thing, no effort should be too great to give toward gaining the possibility of good health for everyone.

The child's health of to-day is the national health of tomorrow, hence every avenue giving scientific advice, care and treatment should be available for everyone. Voluntary women lend themselves unreservedly to advance health measures by assisting in clinics, social service, out-door departments and in every avenue where favourable mindedness toward this movement is required.

Loans without interest are given to graduating nurses, who anticipate giving themselves to the service of community welfare in the capacity of social service workers and many community health measures find ardent sponsors within the ranks of hospital aid groups.

Holiday camps for underprivileged children in various cases are conducted by hospital aid committees. A fine example of this department of hospital aid endeavour is exemplified by the Women's Hospital Auxiliary to the Hamilton General Hospital. This fresh-air camp is pleasantly situated at the waterfront of Lake Ontario (Burlington) accommodating thirty-five boys and from thirty to thirty-five girls during the summer season. The children are from the out-door department of the Hamilton General Hospital.

Those comprising the staff are the housekeeper, laundress, trained nurses, occupational therapist and dietitian.

Voluntary contributors give generously to this benevolent project.

It is a pure delight to witness the improvement in health and happiness of the children in this camp, who also enjoy the privilege of watchful guidance from the expert professional staff from the Hamilton General Hospital; all of which gives a feeling of gratitude to know that in the busy round of life's strenuous duties, there are those who are ever eager to go the second mile to advance a humanitarian

ill

rs

ne

th

11

0 11

11

d

is

f

e

at

e

e

e

0

1

People hate to be bossed. They love to be led. Good leadership is known by the personalities, it truly enriches. It is not the passion for profits, but for People, which distinguishes the leader from the mere executive. Command is an exercise of power over people. True leadership endeavours to bring people together To Advance Any Good

Important Discussions to Take Place at Meeting of Canadian Hospital Council in Ottawa

Arrangements are being completed for the fourth biennial meeting of the Canadian Hospital Council, which will be held at Ottawa on Wednesday and Thursday, September the 8th and 9th. The programme will appear in the August issue of the "Canadian Hospital." Arrangemen's are being made for the discussion, among others, of the following subjects:

Recent legislative changes in the various provinces.

To what extent is provincial supervision and control of hospitals desirable?

The future of hospital finance.

Methods of financing Out-Patient Departments.

Principles which should apply in hospital contracts with municipalities, industrial organizations, societies and governmental departments.

Hospital policies with respect to voluntary and compulsory health insurance.

Labour unions in hospitals.

Present status of Air Conditioning.

The new curriculum for nurses.

Cancer Control.

Obstetrical procedures in hospitals.

Synchronization of hospital fiscal years in all provinces. Radio interference by physiotherapy apparatus.

These are among the various subjects which will be included on the agenda for this important meeting. It is anticipated that all hospital associations and all governments will be represented and that many unofficial delegates will be in attendance at these sessions. All hospital workers, whether officially designated by their associations or governments, are most cordially invited to attend these meetings at the Chateau Laurier.

Sanatorium Receives Bequest to Aid Research

A bequest of \$50,000 to the Mountain Sanatorium, Hamilton, Ontario, for the purpose of aiding further tuberculosis research at the institution, has been made from the estate of Miss Grace M. Woods. A bronze tablet has been erected in the Evel building of the sanatorium to Miss Woods.



"MEET SHEETINGS!"

No. 516 "has it over 'em like a tent," that is, if you speak of oxygen tents. Besides being used in the manufacture of oxygen tents, however, this quality is also used for bandage wrappings, aprons, and anywhere that a fine, yet tough, smooth, light weight sheeting is needed. Called by many "Vienna Sheeting," it is the only cloth of its kind made in Canada.

Ganada.

Of delicate texture, yet extremely rugged quality, it is unaffected by such strenuous tests as twenty-four hours soaking in:

Carbolic Acid—Saturated aqueous solution

Solution
Carbolic Acid — 5% solution in alcohol

Ammonium Hydroxide—26° Baume; and Ether.



and Ether.

Following these tests, after boiling for I hour in water, and in 1% soap and water solution, its waterproofness was still unimpaired, there being no leakage through the material when, made into a bath or trough, it was filled with 3 gallons of water, and allowed to stand 24 hours.

C-I-L HOSPITAL SHEETINGS Manufactured 100% by

CANADIAN INDUSTRIES LIMITED 'FABRIKOID' DIVISION NEW TORONTO, ONTARIO

Maple Leaf ALCOHOLS

Rubbing Alcohol **Medicinal Spirits lodine Solution** Denatured Alcohol Absolute Ethyl B.P. Anti-freeze Alcohol Absolute Methyl

Adapted to Hospital Services. Tested precisely from raw materials to finished products. All formulae according to Dominion Department of Excise Specifications and the British Pharmacopoeia.

The facilities of our Research Laboratories are available at all times. Graduate chemists supervise this division, which is available for use by all Maple Leaf Alcohol users.

CANADIAN INDUSTRIAL ALCOHOL

COMPANY, LIMITED

Montreal Corbyville Toronto Winnipeg Vancouver

Alberta Hospital Association

At a recent meeting of the executive of the Alberta Hospitals' Association tentative dates for this year's convention were set at November 15th, 16th and 17th, to be held at the MacDonald Hotel, Edmonton.

The meeting this year will be held conjointly with the Alberta Registered Nurses' Association, and the Alberta Municipal Hospitals' Association.

While, in the past, our conventions have usually been carried on for two days, in view of the fact that the three Associations would require separate sessions as well as meeting conjointly, it was decided to extend the Convention this year to three days.

A sub-committee was struck to prepare a programme for the convention.

There does exist in this Province two distinct Hospital Associations—The Alberta Hospitals' Association, and the Municipal Hospitals' Association, and up to 1936 they operated absolutely independently of each other. In 1936, through a mutual arrangement, the two Associations held their conventions at the same time and place, and as a result were able to get together for one day and discuss common problems.

As the result of the conjoint meeting last year, while it may not be possible to fuse the two Associations, there will be much closer co-operation, at least to the extent of joint conventions.

It has been felt in the past that the problems of the municipal hospital were quite different from those of o.her hospitals, but such differences were largely financial due to the fact that municipal hospitals were operated largely through direct taxation, and in their conventions (which were attended largely by board trustees) most of the problems discussed were of a financial nature.

The municipal hospitals are now appreciating that there are a large number of other problems affecting the administration of the hospital and the care of the patient, and all such problems also have an economical side.

A Medical Refresher Course, put on by the Alberta section of the Canadian Medical Association and operated through the Faculty of Medicine of the University of Alberta, was held in Edmonton in the month of May.

This course was quite successful and the registration of thirty Doctors, while not as large as other years, was quite satisfactory taking into consideration the fact that the previous month there had been held in Edmonton a conference of the American College of Physicians and Surgeons, which was very largely attended.

* * *

The Edmonton Hospital Board has recently inaugurated a new policy in regard to holidays. Hereafter, the only public holidays applicable to Royal Alexandra Hospital are New Year's Day, May 24th, July 1st, Labor Day, and

Hospital and Institutional CROCKERY, SILVER

and GLASSWARE

Distributors for

JOHN MADDOCK & SONS, LTD., ENGLAND

We specialize in Institutional Equipment and sell direct. May we send you quotations on any of the above lines you may require?

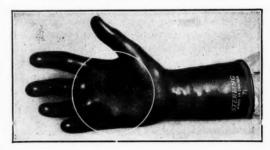
British and Colonial Trading Co.

284-6 Brock Avenue

TORONTO

= Sterling Surgeons Globes

"CANADIAN MADE - UNSURPASSED"



Permits Full Action of the Muscles

The perfectly fitting palm permits of free action of the muscles, normal blood circulation, and eliminates strain and fatigue. Surgeons usually prefer Sterling.

Sterling Rubber Company

LIMITED

GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves
in the British Empire

Christmas Day. As a compensatory measure all employees shall receive three week's vacation with pay, instead of the usual fortnight heretofore obtaining. This change does not apply to Nursing Staff and technicians who already have been getting three weeks' or a month's vacation period.

The City of Edmonton has four General Hospitals with a total bed capacity of approximately 1200. Whilst this would appear to be an unusually generous supply for a city of 85,000 people, we find in June bed occupancy still well up to the customary 85% maximum rating commensurate with efficiency. Moreover, since January 1st, overcrowding has been chronic, and at times waiting lists covering admissions have had to be resorted to. Upon investigating possible reasons for these conditions, we find the following causative factors obtaining:

- (a) The rural population over a wide surrounding area are increasingly insistent on hospitalization in the city during illness and account for about 40 per cent of bed occupancy.
- (b) Persons receiving direct relief from the city show a growing tendency to demand hospital care during illness. In this, they are probably abetted by the Medical Profession, because of inadequate remuneration for services rendered to such patients whether in homes or hospitals.
- (c) Over ninety per cent of all confinements now occur in hospital. Modern anaesthesia methods and other facilities thus available at less than cost will probably continue to render this state of affairs more or less permanent.
- (d) Provision for convalescents has not kept pace with extension of hospital space allocated to acute illnesses. Similarly there is a dearth of beds available for chronic incurables. Old Folks' Homes are practically non-existent. Thus there is an increasing problem of hospital beds being occupied by advanced incurable cancer cases, chronic paralytics, etc.
- (e) Automobile accidents continue to supply an increasing number of major disabilities and bad fractures requiring prolonged hospitalization just as do our usual quota of orthopaedic cases and the like.

New Addition for Hotel Dieu Hospital Windsor, Ontario

It is reported that work has commenced on a new \$200,-000, five-storey addition to the Hotel Dieu Hospital, at Windsor, Ontario. The new wing will increase the capacity of the hospital by 100 beds. Of modern, fireproof construction, it will have two elevators. The dining room, central supply room and the linen room, it is understood, will be in the basement. The main floor will contain the administrative offices, lobby, five operating rooms, rest room for medical staff, X-ray and laboratories. Private rooms for patients and nurses' quarters are situated on the third floor. The fourth floor will be utilized for the maternity department, including an air conditioned nursery, while the fifth floor will be used as a children's ward, also air conditioned. It is expected that the new wing will be opened in 1938. The architect is Mr. John R. Boyde of Windsor, Ontario.





Wouldn't this be a good time to talk about

Bland's Probationer Uniforms?

They are superb Uniforms, and accepted as the most satisfactory things made for the purpose, by the Superintendents of Canada's largest Training Schools.

Then again, our system of handling this problem is most efficient, without worry to anyone.

Your own cloth, in your own style.

Why not write us?

BLAND AND COMPANY, LIMITED

1253 McGILL COLLEGE AVE., MONTREAL EXCLUSIVE MAKERS.

Here and There in the Hospital Field

By HARVEY AGNEW, M.D.,

Secretary, Canadian Hospital Council

Alberta.—The Calgary Hospitals' Board has been advised by the provincial government that the five cents per day reduction in the government grant cannot be restored for the present.

CORNWALL, ONT.—It has been announced that the Board of Governors of the St. Lawrence Sanatorium have appointed Dr. A. D. Lapp, D.P.H. as medical superintendent of the new sanatorium. Dr. Lapp, formerly superintendent of the sanatorium at Tranquille, B.C., has been an active worker in the Canadian Tuberculosis Association for the past sixteen years. The new sanatorium is not expected to be ready for occupancy until the latter part of July or early August.

FREEPORT, ONT.—The Waterloo County Health Association is considering the addition of a new 3-storey wing at the Freeport Sanatorium near Kitchener. This wing will be erected to the west of the present structure, and will have accommodation for approximately 40 patients.

NOTIKEWIN, ALTA.—The Women's Missionary Society of the United Church of Canada will erect a six-bed hospital in this district, some 85 miles from Peace River. It is estimated that the hospital will cost between \$6,000 and \$8,000, and will be completed in August. Doctor W. A.

"FLOWERDALE" TEAS

Broken Orange Pekoe

Cartons of 500 or 1000 Bags
R. B. HAYHOE & CO., LTD.
7 FRONT ST. E. TORONTO, CANADA

Send us sample order. We ship same day as order received.

POP HOSPITALS

G & W

PHARMACEUTICAL

HIGHEST QUALITY—BEST SERVICE

Whatever your requirements may be for Industrial, Pharmaceutical or Rubbing Alcohol, we can supply the type you need.

GOODERHAM & WORTS, LIMITED

INDUSTRIAL ALCOHOL DIVISION

2 Trinity Street, Toronto, Canada. Telephone: EL. 1105

Dioge is to be in charge. Miss Muriel McMurray, R.N., is now nursing in this field. The new hospital will serve a scattered community of approximately 3,000 people.

Preston, Ont.—Major I. D. Carson, native of Stratford, Ont., has been appointed managing director of The Preston Springs, home of the Hagmeier Clinic at Preston, Ont

A former member of the editorial staff of The Vancouver Daily Province, Major Carson served with the Canadian Forces during the War on the staffs of the Director of Supply and Transport and the Director General of Medical Services, in charge of food and supply administration of Canadian military hospitals in Great Britain. He was managing director of the Canadian City Bureau, Ltd., in Toronto, following the War and has since engaged in public relations work in Canada, the United States, South America, Cuba, Mexico, and in nine countries of Northern Europe. In the past 10 years he has visited 29 countries on business connected with government and industrial undertakings.

TORONTO, ONT.—It would be unwise for a single province to embark on a scheme of health insurance independently of the other provinces and the Dominion, was an opinion expressed in the recently presented report of the industrial relations committee of the Canadian Manufacturers' Association. The sound method of procedure was held to be provincial co-operation under federal supervision.

Toronto, Ont.—The Ontario Government has announced a fine gift of \$100,000 towards the \$400,000, 125-bed addition to be added to the Weston Sanatorium. Other assistance may be given elsewhere for, as Premier Hepburn announced, the Government intends to leave nothing undone to check the scourge in Ontario. This sentiment was repeated a few nights later at the annual dinner of the Canadian Life Insurance Officers' Association, when the Premier emphasized the economic loss and danger of contact exposure due to lack of adequate tuberculosis sanatoria accommodation (See accompanying announcement). At the same dinner he stated that the provinces thirty-five million dollar investment in mental institutions would be supplemented by a building programme probably running into another ten millions.

TORONTO, ONT.—It has been reported that a considerable saving to the municipalities will be effected when the province takes over the total cost of maintenance of pa-

tients suffering from tuberculosis who are now charges upon the municipalities.

While the local medical health officer, under the provincial regulations governing public health, has the power, it is stated, to order all cases considered serious to be admitted to hospital, Dr. McGhie, Deputy Minister of Health for Ontario, does not think such a law, as was passed in British Columbia regarding tuberculosis cases, necessary in Ontario.

The order providing "detention" of severe cases of tuberculosis who refuse to be confined to hospital which was approved by the British Columbia Government reads as follows: "That any person found with tuberculosis in an infectious or contagious stage, who should refuse to be confined to hospital or building provided for quarantine or isolation purposes, may be apprehended and may be detained in such an institution."

VANCOUVER, B.C.—It has been announced that babies born at the Vancouver General Hospital will have their names burned on their backs at birth with rays of a watercooled quartz lamp. The sunburned name lasts for six months, and after that time can be brought back by the lamp, it is stated. The possibility of babies going to the wrong parents should be eliminated by this me.hod. As this excellent hospital is always being accused of something or other by the energetic local coterie of anti-everythings, we may soon hear them accused of "baby-branding" in addition to their many sins of progress and leadership.

Construction

Plans for a \$10,000 addition to St. Andrew's Hospital. Midland, Ontario, are being prepared by Wilfred F. Smith, architect.

The Order of the Grey Nuns, St. Boniface, Manitoba, are contemplating the erection of a \$25,000 twenty-bed hospital at St. Rose du Lac, Manitoba.

A contract for \$75,500 has been awarded by the hospital at Essondale, B.C., for the purpose of renovating two of the wards and constructing a tunnel to connect existing buildings.

An addition, at an estimated cost of \$200,000, is being planned for St. Joseph's Hospital, Glace Bay. N.S. Mr. B. Evan Parry, Toronto, is the architect.

Tenders are being received for a proposed nurses' home for the Restigouche and Bay Chaleur Soldiers' Memorial Hospital, Campbellton, N.B. The estimated cost is understood to be in the vicinity of \$45,000.

Hospital By-law Passed at Lacombe

A plebiscite recently in Lacombe, Alberta, unanimously favoured a by-law for the erection of a new Lacombe and district community hospital.

CANADIAN LABORATORY SUPPLIES LIMITED



Canada's Leading Laboratory Supply House



Headquarters in Canada for Laboratory Apparatus and Chemical Reagents

32 Grenville St.

Toronto 5, Ont.

296 St. Paul Street West

Montreal, Que.

Woven Names (ashs)

SAVE MONEY INSURE ORDER AND SANITATION

INSURE ORDER AND SANITATION

Economy is vitally important these days, and your linen bills must be kept down. Lost towels, mislaid sheets, wrongly used linen mean losses in money, in time, in orderliness, in sanitation, in good management. That is why more hospitals are constantly using CASH'S WOVEN NAMES to mark all linen and the wearables of nurses, physicians, attendants. CASH'S NAMES identify instantly, prevent loss or misuse, cut replacement costs. They are the sanitary, permanent, economical method of marking.

Write and let us figure on your needs—whether institutional or personal. A folder of styles and samples with full information will be sent on request.

INDIVIDUAL NAME PRICES

J. & J. CASH, INC. 167 GRIER ST., BELLEVILLE, ONT.



Our Pure WOOL Blankets and Overthrows

Are preferred by leading CANADIAN HOSPITALS and INSTITUTIONS

Established 1870

LACHUTE MILLS, P.Q.

Sydenham Hospital Courses of Instruction for Technicians

X-Ray (Radiology)
Three months instruction in
X-ray technique, including
X-ray therapy service.

Laboratory Eight or six months course in laboratory technique.

Electrocardiography
One month instruction in electro-cardiography.

Basal Metabolism One month instruction in basal metabolism.

COMBINATION COURSES

consisting of

Radiology and Laboratory.
 Radiology, Laboratory, Electro-cardiography and
 Basal Metabolism.
 Basal Metabolism.

le are nurses, college or high school graduates.

Classes form the first of each month. Those eligible

For information write: DR. A. S. UNGER, Secretary—Board of Governors 565 Manhattan Avenue, New York, N.Y.

y

Attractive New Residence for Nurses at Woodstock Hospital

(Continued from page 20)

The original building was most attractively designed in the Tudor style having the general appearance of a large comfortable private residence. Therefore, the hospital board decided that the new building must follow closely the general character of the old so that when completed the two would form a homogeneous ensemble.

The original building provided the necessary reception and living rooms and also a superintendent's suite, and it was agreed no additions were needed to these. The new building was, therefore, to provide accommodation for twenty-five nurses, together with the necessary class rooms. It was decided to erect it about thirty feet to the north and slightly west of the original unit and to join the two together with a passageway leading directly from the entrance hall of the latter. Owing to the fact that the grade of the property dropped toward the north it was possible to provide the necessary class rooms on the basement level, well lighted with large windows on the north and west.

In approaching the new wing one passes through an attractive connecting passage having brick walls, flagstone floor and a wooden ceiling of stained oak. This leads directly to the first floor corridor of the new wing off which are twelve bedrooms, toilet and bathroom and a sitting-room. The second floor is planned similarly but has thirteen rooms and is reached by a fire retardent, enclosed staircase. Above the second floor is an unfinished attic in which can be provided, when desired, accommodation for nine nurses together with toilet and bath facilities. Although on the attic floor, these rooms will be as large and comfortable as those below and the entire roof surface has been insulated so that they will be cool in Summer and warm in the Winter.

The basement has a large class room with demonstration room adjoining and separated by large folding-sliding doors which, when opened, provide a fine large room for entertainment purposes. Adjoining the class room is a study room and alongside this is a science laboratory for instruction purposes only. Accommodation for a nurses' laundry, kitchenette and trunk storage are all provided in the original building.

Each floor is provided with a maids' closet, with a slop sink and on the first floor is a large linen storage room.

The typical nurses' rooms are carefully planned along lines somewhat different to that found in the average building of this type. They are small enough so that two beds can not be placed therein, except for two rooms that are larger and especially planned for two beds, and yet large enough to contain the necessary furnishings for the occupant's comfort. Instead of the usual clothes closet, which is frequently dark and full of waste space, these rooms have specially designed built-in wardrobes of ample size for all requirements. A small recess is provided with these into which the study desk is placed with a light over it. In addition each room has a fine comfortable bed, a dresser and two chairs, one an upholstered lounge type. The rooms are floored with oak and have an attractive rug.

The wash rooms contain four individual basins, a bath with shower over, also a separate shower compartment.

LADY SUPERINTENDENT WANTED

Lady Superintendent for up-to-date 72-bed hospital; well equipped, well staffed in all departments. Applicants must be well qualified. Address, giving full particulars, to S. D. Granville, Secretary, Chipman Memorial Hospital, St. Stephen, N.B.

RADIOLOGIST WANTED

For Regina General Hospital; 375 beds; active department; deep therapy; cancer clinic. Must be experienced. Salary \$4,500. Apply Dr. Hugh H. Mitchell, Superintendent, stating qualifications.

HANOVIA ALPINE LAMP FOR SALE

For Sale at special price Hanovia Super Alpine Lamp, Quartz type on Mobile Stand. Demonstrator; for 25 cycle A.C. Current. This is a real bargain for any hospital. Apply to Box 319H, The Canadian Hospital, 177 Jarvis St., Toronto.

Adjoining this are two separate toilets. These rooms have terrazzo floors with pale green terrazzo wall dadoes and are mechanically ventilated by a fan controlled by a push button switch in each room.

The sitting-rooms on each floor are attractively furnished in maple with bright coloured cushions and large broadloom rugs. All rooms have bright coloured drapes on the windows and the colour scheme of each has been varied.

The class, demonstration and study rooms are floored with oak laid in a herringbone pattern. Large blackboards have been provided in these rooms, also ample cupboard space for the necessary supplies and teaching equipment.

The building is heated with steam supplied from the Power House and the general temperature is controlled automatically by a thermostat.

The grounds are being attractively landscaped and planted and tennis courts are to be provided.

The Hospital Board is to be complimented on having made possible this splendid unit for the comfort and wellbeing of their nurses, the Ladies' Aid for their untiring efforts in providing and arranging for the comfortable and artistic furnishings and also to the Superintendent, Miss Helen L. Potts, for her careful supervision and help in connection with all details entering into the entire structure.

Canadian Firm Expands Abroad

Hygiene Products Limited, manufacturers and distributors of Hypro Kraft Paper Towels and Paper Specialties, have recently made several large installations of Hypro Kraft Paper Towels in the plants and offices of a number of prominent English concerns, and have demonstrated that Canadian products, made right, and marketed properly, can be sold in foreign markets.

It is interesting to note that although the English market has the reputation of being very conservative with regard to the adoption of paper towels and other hygienic customs so common to Canada and the United States, it can be interested to the point where they are purchasing thousands of cases of a Canadian manufactured paper towel in rolls.

Hygiene Products have also recently sold the patent rights for their Hypro Kraft Towel Dispenser to a large paper manufacturing industry in Norway.